

INDIANS ON FEDERAL RESERVATIONS
IN THE UNITED STATES
- A DIGEST -

	* Oklahoma	
OKLAHOMA CITY AREA	* Kansas	
and	* Mississippi	* Florida
FLORIDA	* North Carolina	
	* South Carolina	

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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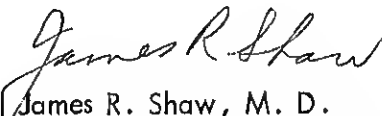
Part 5.

FOREWORD

The Division of Indian Health has had a constantly recurring need for general summary information on the various Indian reservation groups which come under its jurisdiction. Moreover, other governmental as well as non-governmental agencies have had an increasing need for similar information. Unfortunately, no one source has been able to provide, briefly and simply, the variety of facts required.

A series of "Digests" is, therefore, being prepared to present basic information about each Indian reservation group in the various Division of Indian Health Area and Sub-Area jurisdictions. The summaries are not intended as comprehensive studies--rather as fact sheets for quick and ready reference. Since they are aimed primarily to highlight the particular interests of health personnel, they may omit items of more direct concern to persons in other fields of interest. For example, no attempt is made to describe reservation conservation or development projects, business enterprises, educational endeavors, or Federal, State and local public assistance and welfare programs.

The Digests are prepared in the Division's Program Analysis and Special Studies Branch. Mr. John Costley and Mrs. Laura Rosen shared responsibility for searching the wide variety of information sources, selecting the pertinent facts to be used, and developing the general format and final presentation. Special mention is made of the invaluable assistance given by Area Office staff members in Oklahoma City, who not only carefully reviewed and checked the material but also provided considerable additional information. Special acknowledgement is also made of the assistance and helpful suggestions of the members of the other Branches of the Division of Indian Health.


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PHS DIVISION OF INDIAN HEALTH SERVICE UNITS and HEALTH FACILITIES
Oklahoma City Area and Florida

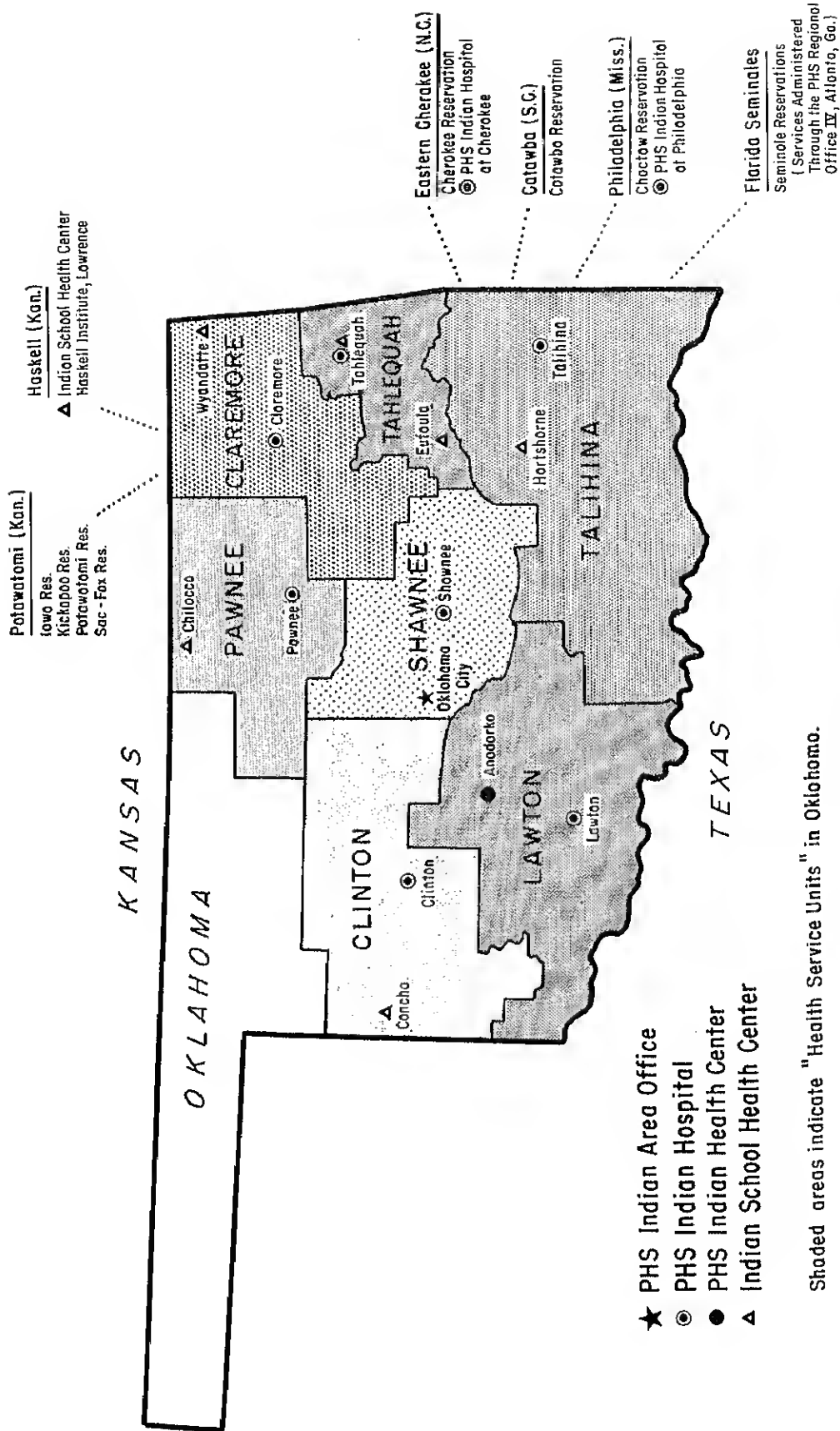


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INTRODUCTION AND SUMMARY

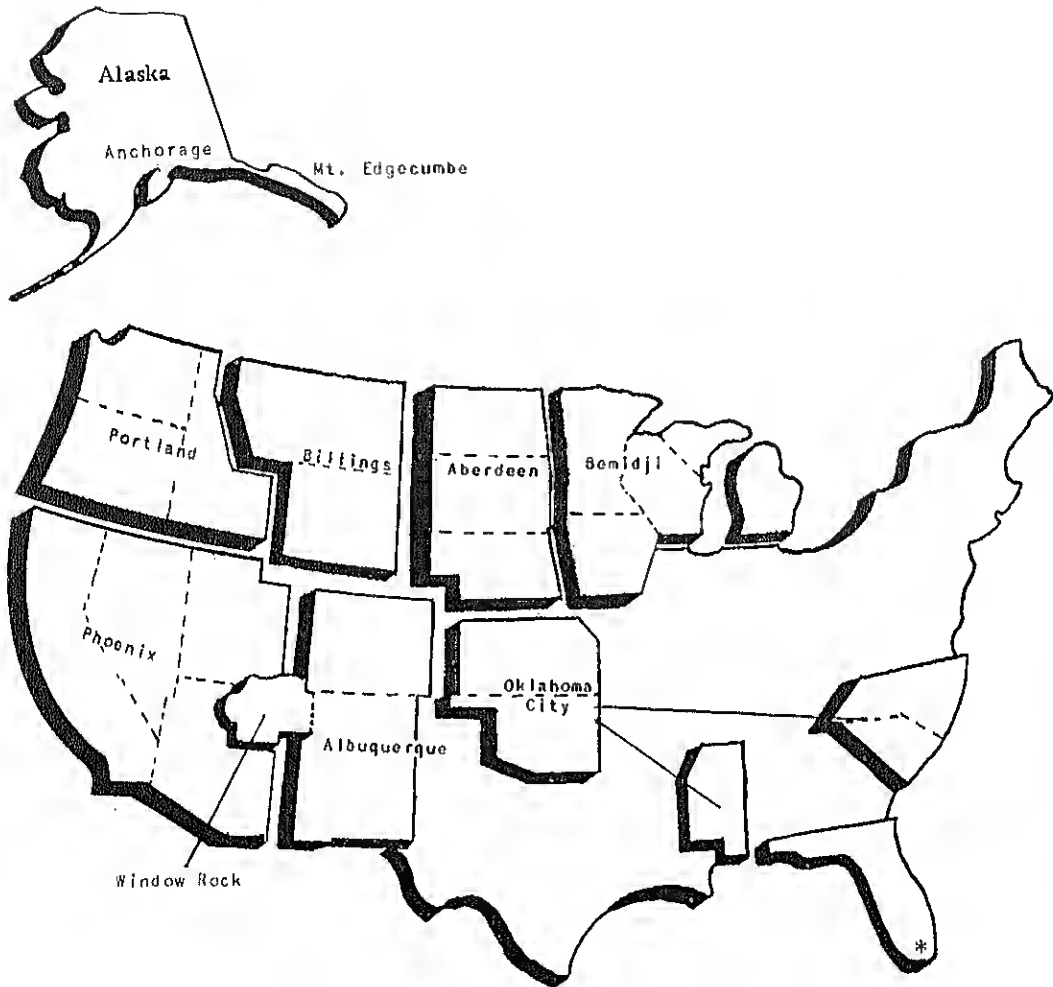
Of an estimated total Indian population in the United States (including Alaska) of approximately 500,000 in 1958, some 362,500 are potential beneficiaries of the Indian health service program now administered by the Public Health Service in the Department of Health, Education, and Welfare. Of these 362,500 men, women, and children, about 325,000 reside in some 175 Federal Indian reservation areas, principally located in 24 States (except Alaska) west of the Mississippi River. In Alaska, health services are made available to about 37,500 Aleuts, Eskimos, and Indians.

Responsibility for the provision of health services for Indians and Alaska Natives was transferred to the Public Health Service from the Bureau of Indian Affairs, Department of the Interior, on July 1, 1955. The Service administers this program through the Division of Indian Health in its Bureau of Medical Services. At the present time, the Division operates 52 hospitals for Indians and Alaska Natives. Treatment for ambulatory patients and preventive health services are provided at hospital outpatient clinics, at 23 field health centers, 19 school health centers, and at several hundred smaller health service points. Extensive use also is made of local community resources for hospital and medical care and preventive health services. Hospital care is provided at about 300 community facilities either through contract with the Public Health Service or on a reimbursable basis. Contractual arrangements for service for Indian beneficiaries are also in effect with several hundred physicians and dentists. In addition, contracts are in effect with 6 local and State welfare departments for medical care, and with 16 State or local health departments for public health services.

Other services relating to the economic and social well-being of Indians continue to be administered by the Bureau of Indian Affairs, with which the Division of Indian Health maintains close working relationships. In both agencies, program operations are conducted through a system of Area Offices. (See map, opposite page.) Basically, the Indian Health Area structure parallels geographically that of the Bureau of Indian Affairs.

The jurisdiction of each of the Public Health Service Indian Health Areas includes large numbers of Indian people with wide variety in cultural patterns and economic circumstances. Altogether, there are today in the United States several hundred Indian tribes and bands, each with distinguishing characteristics. Sometimes members of a tribe are few in number, clustered together at one location; more often they are scattered over a broad area which may include a number of reservations. Once a vigorous people, totalling about 800,000, the Indian population was sharply reduced by tuberculosis, smallpox, dysentery and other diseases brought by the early white settlers. Today the Indian people are still faced with a burden of disease far in excess of that found in the general population. Most of their illnesses are from preventable diseases which have long been under control in other groups throughout the country.

PHS INDIAN HEALTH JURISDICTIONS



*Services to the Seminole Indians, Florida, formerly administered through PHS Indian Health Area Office, Oklahoma City, now administered through the PHS Regional Office IV, Atlanta, Georgia.

In developing its program for improving the health of the Indian people, and in recruiting and orienting workers for this program, the Public Health Service has had a need for basic facts on the reservation groups which, for health purposes, are under its jurisdiction. This series of Digests of information from a wide variety of sources has been prepared in an effort to meet this need.

The present publication presents material on Indian groups in the Oklahoma City Area. The Area is largely made up of the State of Oklahoma, but its health service jurisdiction extends also to small Indian reservation groups in Kansas, Mississippi, North and South Carolina.^{1/} Services to Seminole Indians in Florida, formerly administered from Oklahoma City, are now administered through the Public Health Service Regional Office, Atlanta, Georgia (Region IV).

The Oklahoma City Area includes some 71,800 Indians who are potential health service beneficiaries: 64,100 in Oklahoma; 2,800 at the Choctaw Reservation, Mississippi; 3,400 at the Cherokee Reservation, North Carolina; about 500 at the Catawba Reservation mostly in South Carolina; and 1,000 at four small Indian reservations in Kansas (the Iowa, Kickapoo, Potawatomi, and the Soc and Fox). In addition there are about 900 health service beneficiaries in Florida.

Indian Territory: Oklahoma

Historical Background

The State of Oklahoma has played a unique role in American Indian history. Even the name "Oklahoma" is derived from the Muskogean linguistic tree -- "Oklo" meaning people, and "hommo" or "hummo" meaning red. To retrace the story of the Oklahoma Indians is to follow the movements of thousands of Indian families over many years. For just as the United States is considered a melting pot of peoples of the world, Oklahoma has become the home of many different groups of Indian people.

The area known today as the State of Oklahoma was acquired from France in the Louisiana Purchase of 1803. At the time, "President Jefferson was convinced that the removal of all the eastern Indian tribes to this new western land was humanitarian and would contribute to their development and advancement." The newly purchased land was held as public domain until the 1830's, the western part (west of the State of Missouri and the Arkansas Territory) becoming known as Indian Territory.

^{1/} In accordance with enabling legislation (P.L. 86-322, Sept. 21, 1959), the Catawba Tribe, South Carolina, has formally requested termination of Federal jurisdiction over tribal affairs. When accomplished, Public Health Service responsibility for the provision of health services will terminate -- probably not before 1962.

The relentless pressures of white settlers for more land prompted Congress, under the Act of March 26, 1804, to authorize the President to negotiate with Indian tribal leaders for cession to the United States Government of Indian owned lands in the east, in return for land in Indian Territory. In the general public's mind, the location would be so remote that tribes might settle there without menace to white men's immediate interests or future aspirations. President Jefferson named William H. Harrison to represent the Government in its negotiations with various Indian groups living north of the Ohio River.

Northeastern Woodland tribes, already midway on their journey to Kansas or Oklahoma, were among the first to agree to westward removal. By 1809 the Delaware, the Piankashaw, Wea, Sac, Fox, Potawatomi and Kaskaskia had ceded millions of acres in Wisconsin, Illinois, and Indiana.

The Delaware, who had once occupied an area now comprising New Jersey and western New York, and parts of eastern Pennsylvania and northern Delaware, reached Indiana about 1770; the Piankashaw and Wea (branches of the Miami first encountered by Europeans in Illinois and Indiana) traced kinship to Algonquin stock of the upper Hudson River; the earliest known home of the Sac was near Saginaw Bay, Michigan, from which they wandered towards Green Bay, Wisconsin, joined the Fox and together pushed into Illinois. Only the Potawatomis, whose historic home was the lower peninsula of Michigan, and the Kaskaskias (Illinois Indians) had been permanently settled prior to their removal southwestward. These were small groups numerically.

Other bands had found their way south and west -- the Ottawa who spread into Michigan, Wisconsin and northeast Illinois; the Seneca (of Iroquois stock) who reached Wisconsin and Ohio. They were assigned lands in Kansas, 1831-1832, as were the Shawnee (from Kentucky and Ohio), the Peoria (from Illinois) and the Quapaw (from Arkansas and Missouri). The Wyandot whose earliest recorded location was the St. Lawrence valley and north to Georgian Bay, were in Ohio by 1819, whence they started for Kansas in 1842. Most of these bands lived in Kansas until 1867 when they moved to the northeast corner of Oklahoma, joined by a small group of Modocs from Oregon and California.

Southeastern Woodland Indians, better known as the Five Civilized Tribes, were powerful because of their numbers, their wealth, and cultural attainment. The Choctaws, Creeks, Chickasaws, and Seminoles (of Muskogean family) and the Cherokees (of Iroquois stock) had fought beside the English, the Spanish, and the French -- traded with the colonists and intermarried. They had not only assimilated much of the non-Indian way of life, but contributed to the thinking and economy of the settlers. Yet they were forcibly settled in eastern Oklahoma where, as a protectorate of the United States, each of the Five Civilized Tribes established its own Nation with its own laws, courts, and systems of education.

In 1830, the Indian Removal Act established procedures whereby

Indian people would exchange holdings in the east for lands in Indian Territory. Exchange was to be on a voluntary basis, and it was stipulated that there be "payment for improvements with perpetual guaranty of the new lands by the Federal Government." The southern part of Indian Territory was reserved for the Choctaws, the center for the Creeks, the north for the Cherokees. The Chickasaws were later assigned some of the Choctaw acreage; the Seminoles some Creek acreage. Such arrangements seemed reasonable, but the details of moving thousands of Indian families from east to west (supplies, shelter, combat of illness, horses and conveyances, resettlement upon arrival in the new country) were given little consideration.

The Choctaws, allied with the French historically and closely tied to them despite British victory, were the first of the Five Civilized Tribes to be uprooted. They ceded lands in Mississippi and Alabama and spent the greater part of the years 1831-1834 crossing the country by foot. United States agents who led the Choctaws knew little about the wilderness they were traversing, and were poorly prepared. Rations were short, funds inadequate. The Indians trod through blizzards and rainfall. Physical stamina was so weakened that even after reaching Oklahoma the death rate was high. First Choctaw settlements were in present-day Haskell, McCurtain, and Choctaw Counties, the centers of three districts recognized under the constitution of the Choctaw Nation, June 3, 1834.

As early as the 17th Century, the Creek name had come to represent numerous unrelated tribes who sought military strength by uniting into a confederacy. Defeated by the British in South Carolina, 1715, they stood beside the English and fought Spanish troops to the south. Later they settled in Alabama and Georgia, separating into the "Upper Creeks" (living to the north) and the "Lower Creeks" (south). A few far-sighted Creeks migrated to Indian Territory under favorable circumstances in 1828, but most waited until they were forced overland, chained and handcuffed, under strict military escort, 1836-1840. Once in Oklahoma they met with hostile Osages and Delawares who disputed their claims. During the Civil War some Creeks sided with the Confederates, others with the Union. It was not until 1867 that Creek factions in Oklahoma united under written constitution. Okmulgee, "where water boils up," was designated Capital of the Creek Nation. Today this town is a flourishing oil center.

The Chickasaws were first encountered in Mississippi by Desoto, although tradition places their home with that of the Choctaws farther west. In northeastern Mississippi, Alabama, western Tennessee, and Kentucky, they were noted for their warlike dispositions and pro-English sympathies. They were in frequent conflict with rival Indian bands and the French. Wealthiest, best prepared of the tribes to push westward, the Chickasaw move, beginning in 1837, was less harsh than others. However, in Oklahoma they had difficulties with the Choctaws (who had agreed to Chickasaw settlement on part of their lands and to representation in their government) and with the Plains Indians. It was not until 1855 that Chickasaw lands in Indian Territory were completely separated from those of the

Choctaws, and Chickasaw right of self-government was established.

The Seminoles, like the Creeks, were a composite of several Indian tribes. By 1736, the majority had settled along the southern border of Georgia where they were joined by many "Upper Creeks" whose language they used. Soon, however, white colonists encroached upon the fertile lands of the Seminoles. The Indians and their Negro slaves fled southward, not to be brought under Federal jurisdiction until the end of the First Seminole War and the Treaty of 1819 whereby Spain ceded Florida to the United States. The Seminoles, in 1832, signed a treaty at Payne Landing whereby they agreed to remove beyond the Missouri within three years. Fearing removal to Oklahoma because of proximity of hostile Osages and Kiowas to their newly assigned lands in the westernmost sector of Creek holdings, they fought the Second Seminole War. It ended in 1842 with Indian villages in ruin. The majority of Seminoles were moved west under the escort of Federal troops. In 1866, after recovery from hostilities with the Plains Indians and the Civil War, the Seminole Nation was founded with Wewoka its capital.

The Cherokees had once occupied Tennessee and North Carolina mountain tops. When they signed the Treaty of New Echota, 1835, by which they agreed to removal to Indian Territory, they also had acreage to relinquish in Alabama and Georgia. This treaty was backed by only a fraction of the tribe, but opened the way to forced removal. The migration, often referred to as the "Trail of Tears," brought great indignity and suffering upon a people who had published the first volume of American Indian law (1821). Resettled in Oklahoma they united under written constitution, 1839. Tahlequah became the center of the Cherokee Nation.

According to Federal policy during the pre-Civil War period, Indians were granted patents to lands in Indian Territory, with title guaranteed. Acreage was assigned to a tribe and held in common ownership by all tribal members. Among the Five Civilized Tribes, enlightened leadership and a rich heritage brought good government. Each Nation continued with organizational patterns originated in the east, and encouraged every potential of growth among its citizenry. In this endeavor, the Protestant Church Missions offered guidance and financial assistance. Some schools were established by Missionaries in addition to those conducted by each of the tribes or Nations. Considerable thought was also given to the formation of an over-all Indian territorial government, a movement which was interrupted by swift moving events. The Civil War, 1861-1865, came to an end. Restlessness prevailed throughout the country, westward expansion was accelerated, and Indian Territory was viewed in a different light.

In 1866 the Federal Government forced treaty revisions upon most of the Indian tribes in Indian Territory. This was in retribution for the support the majority of Indians had given the Confederacy during the Civil War. Hardest hit were the Five Civilized Tribes. They were forced to sell to the Government the western half of Indian Territory. Beginning in 1868, at the end of the Sioux War, Federal forces established the Southern Plains

tribes on reservations in this region. A Congressional Act of 1871 terminated the power of the President and the Senate to make treaties with Indian tribes. 1/

Southern Plains Indians, large tribes numerically, were brought into present Oklahoma after signing the Treaty of Medicine Lodge, 1867. Buffalo hunters, they had roamed the south central area at will, spreading fear and slowing economic progress. With the end of the Civil War, pioneers pressed towards the Pacific Coast and demanded subjugation of the Plains Indians: The Cheyenne who had previously lived in South Dakota and Colorado; the Kiowa and Arapaho of Montana, Wyoming, and Colorado; the Comanche of eastern Wyoming and later in Colorado, Kansas, and New Mexico, even the panhandle of Texas; and the Apache who had raided into Texas and New Mexico.

Annexation of Texas proved a hardship to many tribes whose land tenure under Spanish authority was no longer recognized. For a short time the Federal Government was permitted two reservations in Texas along the Brazos River, but Indians did not feel secure. The Caddo -- together with the Anadarko, Hainai, Waco, and Kichai -- fled to Oklahoma in 1859. Here they joined the Wichita (originally of Kansas) and their relatives the Tawakoni, who had left farms along the Brazos and Red Rivers to lease lands within the Choctaw Nation. Many of these bands wandered into Kansas during the Civil War but returned to Caddo County, Oklahoma in 1867.

Central Oklahoma became the home of latecomers to the State: the Sac and Fox from Iowa; the Ponca and Pawnee from Nebraska; Apache (including the Lipan), also the Kickapoo, from Texas and New Mexico. The Tankawa, well-known to early Spanish traders returned to Texas after the Civil War, then moved to Oklahoma in 1885. From Kansas came the groups who had moved there through earlier treaty arrangements. They purchased land contiguous to Osage, Creek, and Seminole holdings. Among these were the Potawatomi, a part of the Shawnee, and the Kaw or Kansas (seen by Marquette along the Missouri River in 1673) who ceded large tracts near Topeka in 1846 and other Kansas properties in 1872-1880. Included also were the Iowa and Oto-Missouri (both of Sioux stock) who had given up lands in Iowa and Missouri, 1830-1854, moved to Nebraska and Kansas, then on to Oklahoma in 1882.

The Osages, first mentioned by Marquette in 1673, as living along the banks of the Little Osage River in Missouri, controlled a vast territory extending into what is now Arkansas, Kansas, and Oklahoma. The year 1808 marked the beginning of a series of treaties with the United States by which the Osages gradually relinquished their territorial possessions.

With the treaty of 1825 they gave up their ancient home along the banks of the Little Osage and resettled in Kansas. By Act of Congress in 1870, the remainder of Osage land was sold and, with the proceeds, a new reservation area was purchased from the Cherokee Nation -- an area now comprising Osage County, Oklahoma. Exempt from provisions of the Dawes Act of 1887 for land allotment in severalty, the Osages today retain all mineral rights on the reservation as common tribal property, with surface land allotted in severalty (in accordance with Osage Allotment Act of 1906).

The Act of 1887 -- known as the General Allotment or Dawes Act -- authorized the President to allot tribally owned land to individual Indians (except the Osage). In contradiction to treaties whereby the United States had guaranteed right of possession, tribal lands were allotted to individual Indians, each man, woman, or child receiving from 80 to 160 acres. Surplus lands were placed upon the open market at a rate of \$2.50 per acre, proceeds accruing to the Federal Government.

The Act of May 2, 1890 created Oklahoma Territory out of a portion of Indian Territory. Three years later, a Commission arranged for purchase of the Cherokee Outlet to the west of the Cherokee Nation. This, too, became a part of Oklahoma Territory. Although many Indian tribes settled here, Oklahoma Territory was open to other settlers, too. Congressional enactments slowly displaced older tribal laws of the Territory and established a body of laws, for Indians as well as white persons.

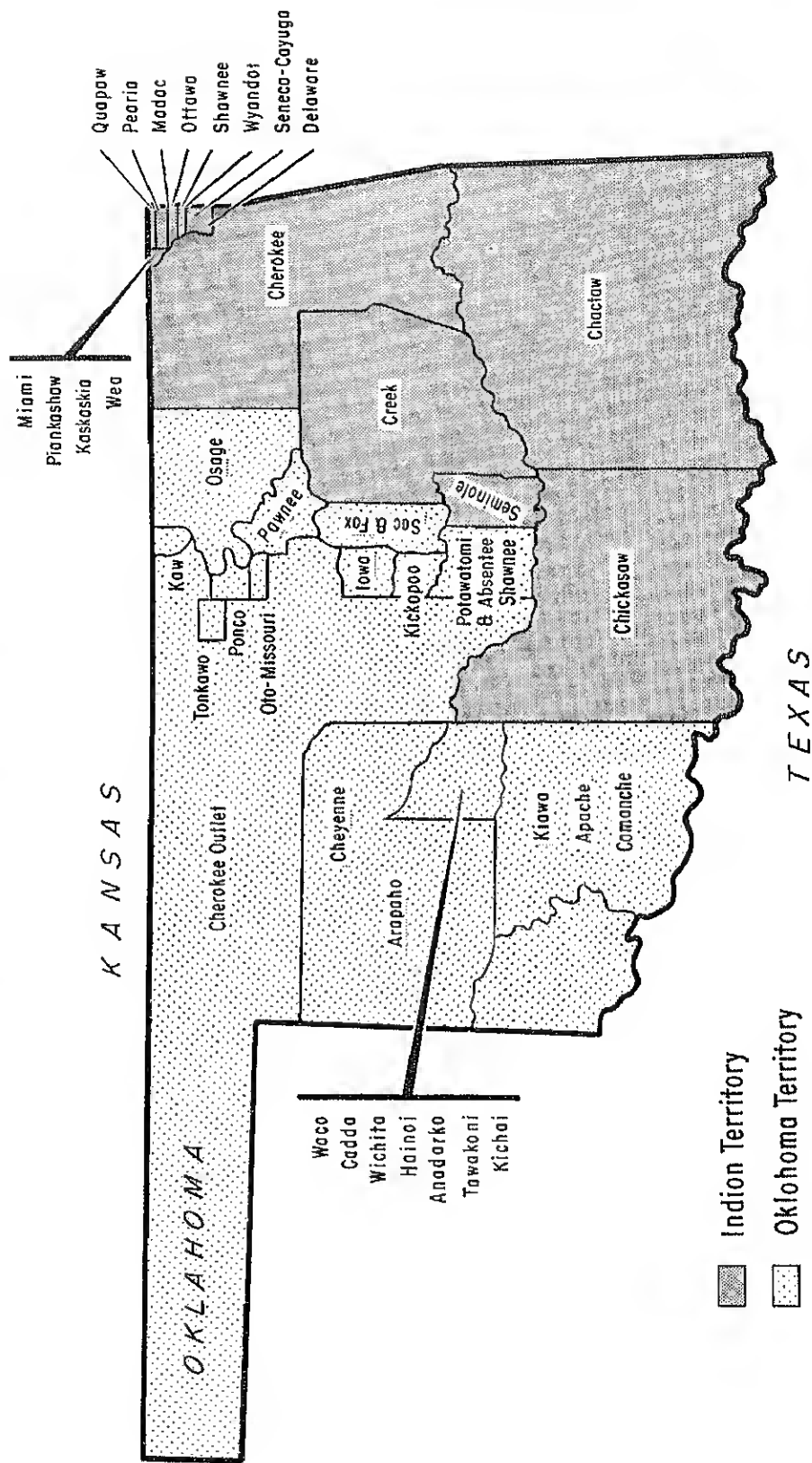
Maps on the following pages show the movement of Indian tribes into Oklahoma, and Oklahoma Indian reservations in 1890. Ownership status of lands has altered since, but each Indian group made a lasting imprint upon its geographic locale.

The Burke Act, 1906, permitted Indians who met certain "requirements of competency in the management of affairs" to dispose of land. Acreage was sold outright or leased to non-Indian operators.

Statehood - In 1907 Indian Territory (to the east) and Oklahoma Territory (to the west), together with unassigned lands, were admitted to the Union as the State of Oklahoma. The laws, however, were those of the Territory of Oklahoma; those of the individual tribal governments formerly operating in Indian Territory were terminated.

A map of the United States showing the removal routes of various Native American tribes to the Indian Territory. The map includes state boundaries and tribal names. Removal routes are indicated by lines of different styles: solid, dashed, and dotted. Tribes shown include Ottawa, Seneca-Cayuga, Delaware, Shawnee, Chickasaw, Cherokee, Creek, Choctaw, Seminole, Tawakoni, Comanche, Kiowa, Apache, Lipan, Kickapoo, Tonkawa, Waco, Caddo, Hainai, Kichai, and Anadarko. The routes converge on a central area in Indian Territory, which is shaded with a cross-hatch pattern.

INDIAN RESERVATIONS AS OF 1890



Present Status

Today Oklahoma is the State with the second largest Indian population. ^{2/} However, of the 30,000,000 acres originally allotted to Indians in this region, less than 3,000,000 acres remain in Indian hands.

Estimate of Indian Owned Land (1950) and of Indian Health Service Beneficiary Population (1958) State of Oklahoma

Geographic location in Oklahoma and tribe	Indian owned acreage (1950)	Estimated beneficiary population (1958)
State of Oklahoma	2,881,003	64,100
Northeast: Quapaw and Other Indian groups	32,577	3,800
East - (Five Civilized Tribes):		
Cherokee Nation	686,758	12,950
Chickosow Nation	99,222	3,600
Choctaw Nation	430,096	10,100
Creek Nation	311,512	10,450
Seminole Nation	59,056	2,900
West - (Southern Plains Tribes):		
Cheyenne and Arapaho	180,560	3,700
Comanche, Kiowa, Apache	380,197	7,100
Wichita-Caddo	102,604	
Central - Osage Reservation	376,280	1,600
Pawnee Group	157,778	3,300
Shawnee Group	64,262	4,600

Most Oklahoma Indians live in rural areas and, like their non-Indian neighbors, derive a livelihood from grazing, livestock and farming, and farm labor. Some supplement earnings by leasing individually owned land to non-Indian operators. In the small towns and cities, most Indians depend

^{2/} The Indian population of Oklahoma, estimated at some 64,000 persons, is numerically surpassed only by Arizona with about 81,000 Indians. The State with the third largest Indian population is New Mexico, with an estimated 52,000 Indians. However, the Indian people of Arizona and New Mexico are either indigenous to that region or descend from Indian bands who moved there of their own volition. The Indians of Oklahoma represent, for the most part, those whose ancestors were forcibly uprooted and moved to the Territory.

upon wage labor and are likely to be employed in the lower paying jobs. In general, the economic status of Indians in Oklahoma is somewhat lower than that of the general population of the State. In 1953, the per capita income for the State as a whole was considerably below that for the Nation, with income among farm families lower than among urban families.

Within the various Oklahoma groups, there are some individuals who have realized substantial returns from oil, gas, lead, zinc or other deposits found on their lands. Among these are members of the Osage tribe covered under provisions of the Osage Allotment Act of 1906. According to terms of this legislation each of the 2,229 enrolled members of the tribe received an allotment of 657 acres. All mineral rights were reserved for the benefit of the tribe as a whole, but each individual then enrolled had a headright to receive his (equal) share of the income from such holdings. Subsequent discovery of oil and gas in Osage County has brought continuing substantial income to such Indians.

Most Indian children in Oklahoma attend public schools with special financial arrangements between the Bureau of Indian Affairs and the State Department of Public Instruction for Indian children in districts where the large proportion of Indian-owned nontaxable land limits the revenue available for educational purposes. At three locations the Bureau maintains dormitories for Indian children who attend public school: Carter Seminary at Ardmore (Chickasaw), Eufaula Boarding School at Eufaula (Creek), and Jones Academy at Hartshorne (Choctaw and Chickasaw). The Bureau also maintains 7 boarding schools for Indian children in Oklahoma -- the Chilocco Indian School at Chilocco (for Pawnee and for Navajo); the Sequoyah Vocational School at Tahlequah (for Cherokee); the Cheyenne and Arapaho School at Concho; the Fort Sill School at Lawton and the Riverside School at Anadarko (for the Comanche, Kiowa, Apache, and some Navajo); and the Seneca School at Wyandotte (for the Quapaw and other Indians nearby).

Health Status - In Oklahoma, Indians are still many years behind their non-Indian neighbors in their general level of health, with a relatively high incidence of tuberculosis, influenza and pneumonia, and gastro-enteritis. Digestive disorders accounted for one-tenth of patients discharged from Public Health Service Indian hospitals in Oklahoma during fiscal year 1959. Over the years 1955-1957 the leading cause of death reported for Oklahoma Indians was diseases of heart, followed by malignant neoplasms and accidents. Although the Oklahoma Indian death rate from tuberculosis has been halved since 1950, it is still almost six times that of the entire population of the State; deaths from influenza and pneumonia, and from diabetes are more than double the rate for the general Oklahoma population.

Other States

The small number of Indians remaining in Kansas, Mississippi, Florida, and the Carolinas are closely related to Oklahoma Indians. Except for those in Kansas, they represent the descendants of the few who refused to

migrate from the southeast. Indians living in Kansas represent a handful of families who neglected to move across the State border after the Civil War; there are only about 1,000 Indians potentially eligible for health services in Kansas today.

The Cherokee Reservation edging on the Great Smoky Mountain National Park, North Carolina, and the Choctaw Reservation in Mississippi still have some of the more usual features of a western Indian reservation although Choctaw tracts are scattered widely and separated by non-Indian holdings. The Bureau of Indian Affairs maintains 5 day schools for Indian children on the Cherokee Reservation; 7 on the Choctaw Reservation. A Public Health Service Indian Hospital with outpatient clinics is located at each reservation. Among both Indian groups family income is low as is that of most other families in the vicinity. Earnings stem largely from farming and timbering. Unusual sources of revenue are the outdoor performance "Unto These Hills" which re-enacts the forced removal of the Cherokees, and the attractive motel operated by the Cherokees.

The small reservations in Kansas, Florida, and South Carolina are less clearly delineated. In these States Indian children attend public schools except for those who go to the small Bureau of Indian Affairs day school on the Big Cypress Reservation, Florida. The Haskell Institute near Lawrence, Kansas, is an off-reservation Bureau of Indian Affairs Boarding School with high school and vocational curriculum. Students are drawn from tribal groups throughout the country.

Most of the Indian people in Kansas, Florida, and South Carolina, live at a low economic level. They are dependent upon the ground on which they live, yet at the Brighton, Big Cypress, and Dania Reservations (Florida) much of the land is inundated a good portion of the year; land at the Catowba Reservation (South Carolina) comprises some of the poorest agricultural land in the State; in Kansas the only productive holding is that of the Iowas who have more economic and cultural advantages than Indians on the Sac and Fox, Kickapoo, or Potawatomi Reservations. Many members of the Kansas tribes have to seek their livelihood from what wage work they can find in the towns nearby.

In Florida, Kansas, Mississippi, North and South Carolina upper respiratory diseases, influenza and pneumonia have been a major Indian health hazard in recent years. In Florida and Mississippi, hookworm infestation is endemic; in Kansas and the Carolinas diseases of heart and accidents were the leading causes of death 1955-1957; in Mississippi a disproportionate number of deaths come to Indian children during the first year of life.

Indian Health Services

Health services for Indians in the Oklahoma City Area are provided by the Public Health Service through its system of 9 Indian hospitals, one health center, 10 field clinics, school health centers at 7 Bureau of Indian

Affairs boarding schools, and at a number of smaller health service points. In addition, contractual arrangements are made for services to beneficiaries at community hospitals and with private physicians, dentists, or clinics.

By contractual arrangement with the Public Health Service, preventive health services (with emphasis on public health nursing) are furnished to Choctaws living in 7 counties, by the Mississippi State Department of Health; also through contract with the Oklahoma State Health Department, the Public Health Service provides financial support for public health nursing activities in local health departments serving Indians in 26 Oklahoma counties. Indigent Indians in the State of Florida and in Oklahoma are eligible as other citizens for State and local public health services.

Hospital care

The Public Health Service operates 7 general hospitals in this Area: 5 in Oklahoma (at Claremore, Clinton, Lawton, Pawnee, and Tahlequah), one in North Carolina (at Cherokee), and one in Mississippi (at Philadelphia). The Service also maintains a 224-bed medical center at Talihina, Oklahoma, with approximately one-third of the beds for general medical patients and the balance for patients with tuberculosis, and the 66-bed Shawnee Sanatorium at Shawnee, Oklahoma, for patients with tuberculosis. All hospitals provide outpatient services including dental care and carry on extensive preventive activities. Medical social workers are assigned to the Claremore, Lawton, and Talihina hospitals.

Contractual or open-market arrangements are also in effect with local community hospitals for general care of Indian patients. The Public Health Service also refers North Carolina Indian patients with tuberculosis to the Western North Carolina Sanatorium, Black Mountain, by contractual arrangement. In Oklahoma, Kansas, and Florida, Indians may be admitted to State mental and tuberculosis hospitals without charge, as may Indian mental patients in North Carolina.

Other facilities and services

In the Oklahoma City Area, at a number of locations medical and dental care and preventive health services are provided outside the hospital, either directly by Public Health Service staff or through contractual arrangements with private practitioners and other community resources.

The Public Health Service Indian Health Center at Anadarko, Oklahoma is staffed by a full-time public health nurse, a registered nurse, a nursing assistant, a sanitarian, and a clerk. Local private physicians and dentists render services at the Health Center on a regularly scheduled basis, through contract with the Public Health Service. Child health clinics are held here and at Carnegie, both serving the Comanche-Kiowa-Apache and the Caddo, Wichita, Delaware. For the Cheyennes and Arapahos, regularly scheduled medical clinics are held at Clinton, Concho, and Watonga, staffed by personnel of the Clinton Indian hospital; dental care is provided by local

private dentists under contract. In addition, local doctors and dentists under contract serve the Cheyennes and Arapahos at a number of other places. Similarly, health services by local practitioners are provided the Creeks at Okemah and nearby points, the Choctaws at Antlers, and the Pawnees at White Eagle.

Through Public Health Service contract, private physicians of the Stroud General Hospital at Stroud (near the Soc and Fox) and the Wewoka Medical Society (of Seminole and Hughes Counties) also render medical care to Indians of the vicinity. In Kansas, a public health nurse is stationed full-time at Holton; dental services are rendered at this location during summer months by the dental team from Haskell Institute with emergency dental service provided during other months by local private dentists under contract with the Service. In Florida a public health nurse stationed at Clewiston holds nursing conferences at Big Cypress, Brighton, and Dania. Through the contract with the Florida State Board of Health, general medical care including hospitalization is provided those Indian beneficiaries, not covered by State health and welfare programs. In addition, Indians are provided medical care in the Clewiston community by a local private physician under contract. Dental care at Clewiston and Okeechobee is provided through contract with local dentists.

Major school health centers are maintained by the Public Health Service for students at the Haskell Institute, Lawrence, Kansas, and at the Chilocco Indian Boarding School, Chilocco, Oklahoma. School health activities are carried on at the Cheyenne-Arapaho Boarding School, Concho; the Indian dormitories at Eufaula, and at Hartshorne; the Sequoyah Vocational School at Tahlequah; and the Seneca Indian School at Wyandotte--all in Oklahoma. Generally, nursing services are provided by Public Health Service full-time nursing staff, with the larger centers having two or three such personnel. In most instances, medical and dental services are provided by local private physicians and dentists through contract with the Public Health Service. In addition, local private dentists serve Carter Seminary students through contracts with the Service. The public health nurse from the Public Health Service Anadarko Health Center provides nursing service at the Riverside School, with dental supervision provided from the Lawton Hospital and local private dentists under contract.

In four areas of Oklahoma with the heaviest concentration of Indian population, Indian sanitarian aides are assigned to work with their people in developing an understanding of sanitary practices and improvement of sanitation facilities. As county-by-county sanitary surveys are completed, projects for construction of Indian sanitation facilities are developed under the provisions of P.L. 86-121 (passed by the 86th Congress and authorizing the Public Health Service to assist Indians with the correction of their environmental sanitation deficiencies).

The Oklahoma Area Office staff provide special consultant service and program guidance in all professional areas including public health nursing, oral health, medical social service, sanitary engineering, pharmacy, and health education. These disciplines provide consultant guidance to the field personnel by periodic visits and are on call for special problems as required.

QUAPAW AND OTHER INDIAN GROUPS, NORTHEAST CORNER OF OKLAHOMA

LOCATION AND LAND: Northeast corner Oklahoma still populated by remnants of various Indian tribes who moved to State after ceding lands in Kansas, treaty of February 23, 1867: the Quapaw; Delaware; the Kaskoskia, Miami, Piankashaw and Wea (also the Ottawa, Peoria and Wyandot (Wyandotte) for whom Federal responsibility is being terminated); Seneca-Cayuga; (Eastern) Shawnee. Some 32,577 acres remain in hands of their descendants, scattered through Ottawa County and small portion of Delaware County; mostly in 200 acre tracts owned by individual Indian families. Bounded by Kansas and Missouri State lines to north and east, and by Grand (or Neosho) River to west and south.

Farm and grazing lands, largely leased to non-Indian operators. Some individual Quapaw have holdings in lead and zinc mining area of Ottawa County, around Commerce (pop. 2,442).

THE RESERVATION

Principal centers (1950 pop.) - No separate and distinct Indian settlements. Indians spread over farming areas, towns and villages of region. Names of towns reflect tribal group nearby: Quapaw (pop. 938), Miami (pop. 11,801), Peoria (pop. 201), and Wyandotte (pop. 242). Small towns of Ottawa, and Seneca (pop. 1,195) are just across State line in Missouri.

BIA Field Office - Quapaw Area Field Office, Miami, Oklahoma

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TRIBES: Quapaw and parts of other tribal groups such as the Delaware, Miami, Seneca, and Shawnee.

POPULATION: 3,800 potentially eligible for PHS services in 1958.

CHARACTERISTICS: Blood quantum - 1 of 8 Quapaws is fully Indian; other groups have even greater admixture and are widely scattered.
Homes - Typical dwelling a house of rough lumber, in need of repair. Some Quapaws have well-equipped homes of frame or brick.

THE PEOPLE

Education - Most adults read, write, speak English; some are high school graduates. Children attend public schools. BIA maintains Seneca Indian Reservation Boarding School at Wyandotte.
Livelihood - Great extremes in family income. Majority, including many Quapaws have low incomes, but some have acquired considerable wealth. Source - Most families depend upon agricultural or livestock work. Some income from land rentals. Well-to-do families are those whose lands minerals have been discovered.

QUAPAW AND OTHER INDIAN GROUPS, NORTHEAST CORNER
OF OKLAHOMA (continued)

HOSPITALS: Services available at the PHS Indian Hospital, Claremore.

OTHER FACILITIES and SERVICES: Indian School Health Center at the Seneca Indian Boarding School, Wyandotte, with full-time graduate nurse in attendance. Medical and surgical services at the Miami Clinic; dental care by local private dentists, through contracts with the Public Health Service. Services available from medical social worker, PHS Indian Hospital, Claremore. Dental care provided by local private dentist at Miami, through contract with the Public Health Service. Consultation from Area Office personnel in each of the professional activities, including medical social service, public health nursing, sanitary engineering, oral health and pharmacy. Public health services to Indians as other citizens by Oklahoma State Department of Health. By contract with PHS, funds provided to augment public health nursing positions in local health departments serving Ottawa and Delaware Counties. Part-time dental care to medically indigent Indians available, as far as other medically indigent residents of Ottawa County, at State Health Department operated dental clinic at Miami.

HEALTH
RESOURCES

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HEALTH STATUS: As for all Indian tribes located in eastern portion of State, majority of problems center about acute infections, influenza and pneumonia, and the enteric diseases. Diarrheal diseases and dysenteries occur regularly and are attributable to poor sanitation.

SPECIAL
PROBLEMS

OTHER: Very restricted employment opportunities. Land is of low productivity and only limited acreage is tillable. Many Indians lack means of transportation; find it difficult to travel to the PHS Indian Hospital, Claremore.

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FIELD NOTES AND OBSERVATIONS

CHEROKEE NATION (Five Civilized Tribes), OKLAHOMA

THE RESERVATION

LOCATION AND LAND: Greater part northeast Oklahoma originally reserved for Cherokee Nation. Only about 686,758 acres remain in individual Indian family ownership; spread over 14 counties including Adair, Cherokee, and Delaware which jointly have greatest concentration of Indians in State.

Tracts mostly hilly; scrub timber along Ozark Plateau east of Grand River. Certain farm lands north and east of Tulsa; also much productive pasture and grazing land in Nowata and Washington Counties, leased to non-Indian operators. Oil, gas, coal, and other mineral resources on some tracts.

Principal centers (1950 pop.) - No Cherokee settlements. Heaviest Indian population in hill country, eastern border Oklahoma. Stillwell (pop. 1,813) in Adair County; Tahlequah (pop. 4,750) in Cherokee County; Claremore (pop. 5,494) in Rogers County; Jay (pop. 697) in Delaware County; Muskogee (pop. 37,289) in Muskogee County.

Larger town nearby - Tulsa (1950 pop. 182,740), 58 miles northwest of Muskogee.

BIA Field Office - Muskogee Area Office, Muskogee, Oklahoma

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TRIBES: Principally Cherokee, some Shawnee

POPULATION: 12,950 potentially eligible for PHS services in 1958
25,600 estimate of Cherokees in Oklahoma, 1950

THE PEOPLE

CHARACTERISTICS: Blood quantum - About 1 in 5 is fully Indian; 5 out of 6 are one-fourth or more Indian (1950).

Homes - Typical dwelling a small, crowded, frame or log house. 80% of Cherokee homes substandard (1950).

Education - 48% Oklahoma Indians aged 25 or older completed grade school (1950). Only 1 of 4 Cherokees studied beyond grammar school. Most children attend public schools. BIA off-reservation Sequoyah Vocational Boarding School, Tahlequah.

Livelihood - Average family income of Indian and nearby white population low. Few job opportunities. Source - Wage work, cutting timber, seasonal labor in fields and canneries, family subsistence gardens. Some land leases; some cattle (poor grade).

Tribal income - Lease of grazing land and mineral rights brings minor funds to finance activities including educational grants.

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HEALTH RESOURCES

HOSPITALS: Services available at PHS Indian Hospitals at Claremore and at Tahlequah. Many Cherokees go to Claremore as do eligible Osages, Creeks, Quapaws, and other groups in region.

CHEROKEE NATION (Five Civilized Tribes), OKLAHOMA (cont'd)

Other Cherokees in Adair, Cherokee, McIntosh, Muskagee, and Sequoyah Counties, also easternmost Creeks, go to Tahlequah.

Services by PHS staff at both hospitals augmented by consultant-specialist services of local private physicians through contract with PHS. Dental services by local private dentist at Claremore through PHS contract; by PHS dental officer and assistant at Tahlequah. In 1959 fiscal year there were -

	<u>PHS Indian Hospital</u>	
	<u>Claremore</u>	<u>Tahlequah</u>
Beds available (average for year)	70	68
Admissions to hospital	1,230	1,617
Births in hospital	250	392
Average daily inpatient load	42	39
Outpatient visits	10,716	14,784

Hospital care at Federal expense may be authorized at community hospitals, mainly 108-bed Muskagee General Hospital and 88-bed Oklahoma Baptist Hospital, Muskagee, a center of Cherokee population; at 350-bed Hillcrest Medical Center and 640-bed St. John's Hospital, both at Tulsa, 58 miles from Muskagee.

OTHER FACILITIES and SERVICES: Indian School Health Center at the Sequoyah Vocational School, Tahlequah, with registered nurse in attendance. Dentist and assistant from PHS Indian Hospital, Tahlequah, hold dental clinics 3 times weekly; service from medical social worker, PHS Indian Hospital at Tahlequah. Medical services on itinerant basis at Bunch, Cave Springs and Marble City by staff from PHS Indian Hospital at Tahlequah. Sanitarian aide (PHS) works with Indian people to improve sanitary practices and facilities.

Consultant service from Area Office professional staff.

Public health services to Indians as other citizens through Oklahoma State Department of Health. By contract with PHS, funds provided to augment public health nursing positions in local health departments serving Adair, Cherokee, Delaware, McIntosh, Mayes, Muskagee, Ottawa, Rogers and Sequoyah Counties. Crippled children and rheumatic heart clinics conducted through State Program at PHS Indian Hospital, Tahlequah.

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HEALTH STATUS: Pneumonia the notifiable disease most frequently reported. Diseases of respiratory system leading cause of hospitalization.

SPECIAL PROBLEMS

OTHER: Few jobs; land is of low productivity. Homes are small, crowded, isolated. Many Indians lack means of transportation to reach PHS Indian hospitals. Example of environmental sanitation needs in a county with heavy Indian population: 85% of rural Indian families obtain water from unsafe sources; 96% of homes have unsatisfactory waste disposal facilities or lack such facilities.

CHICKASAW NATION (Five Civilized Tribes), OKLAHOMA

LOCATION AND LAND: Old Chickasaw Nation was in South Central Oklahoma, west of and adjacent to Choctaw holdings. Original boundaries were Canadian River to north, Red River (Texas State line) to south, and positions occupied by present-day U. S. Highways #81 to west and #75 to east. Arbuckle Mountains stand centrally in area.

Today 99,222 acres remain in individual Indian ownership, with much land leased for non-Indian operation. Mostly rolling farms and grazing terrain watered by tributaries to the larger rivers. Some coal, asphalt, oil, and gas resources.

Principal centers (1950 pop.) - No Chickasaw Indian settlements; many Chickasaws live in larger towns of Oklahoma. Majority of the fully Indian live in three counties -- Johnston County with City of Tishomingo (pop. 2,325); Love County (site of old Chickasaw Capitol), with Marietta (pop. 1,875); Pontotoc County in trading area of Ada (pop. 15,995). Lesser concentration of Chickasaws in Bryan County, with Durant (pop. 10,541); Carter County, with Ardmore (pop. 17,890); Garvin County, with Pools Valley (pop. 6,896); and Grody County with Chickasha (pop. 15,842).

BIA Field Office - Muskogee Area Office, Muskogee, Oklahoma

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TRIBE: Chickasaw

POPULATION: 3,600 potentially eligible for PHS services in 1958
3,200 estimate of Chickasaw in Oklahoma, 1950

CHARACTERISTICS: Blood quantum - About 1 out of 8 Chickasaw is fully Indian (1950).

Homes - Typical dwelling a small frame house.

Education - 48% of Oklahoma Indians aged 25 and older completed grade school (1950). Children attend public schools. BIA dormitory, Carter Seminary, for Indian children attending public schools in Ardmore.

Livelihood - Average family income probably highest of any of the Five Civilized Tribes, but families in same sections live in extreme poverty. Source - Farming and livestock pursuits. Women employed at nursing, clerical and stenographic work, and in restaurants. Some returns from mineral, oil, and gas leases.

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HOSPITALS: Chickasaws utilize PHS Indian (Kiowa) Hospital at Lawton, to the west, or PHS Indian Hospital at Tahlequah, to the east. Travel distances anywhere from 30 - 100 miles.

THE
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CHICKASAW NATION (Five Civilized Tribes), OKLAHOMA (cont'd)

Hospital care at Federal expense may be authorized at community hospitals, mainly the 100-bed Memorial Hospital of Southern Oklahoma, Ardmore, one of the centers of Chickasaw population.

OTHER FACILITIES and SERVICES: Dental and medical social work services to students at Carter Seminary (BIA dormitory for Indian children who attend public schools at Ardmore) by two local dentists through contract with the Public Health Service and by medical social worker from the PHS Indian Hospital, Lawton. Consultation from Area Office personnel in each of the professional activities, including medical social service, public health nursing, sanitary engineering, oral health and pharmacy. Public health services to Indians as to other citizens through Oklahoma State Department of Health. By contract with PHS, funds provided to augment public health nursing positions in local health departments serving Bryan, Carter and Pontotoc Counties. Part-time dental care to medically indigent Indians, as for other medically indigent residents of Pontotoc County, of State Health Department operated dental clinic at Ada.

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HEALTH STATUS: No information regarding the Chickasaw as a separate group. Pneumonia the notifiable disease most frequently reported for Indians in this region, 1958-1959. High incidence also of influenza.

SPECIAL PROBLEMS

OTHER: Travel to the PHS Indian Hospitals at Lawton and Tahlequah is very difficult because of lack of public vehicles, and because poor road network necessitates travel over longer distances than would appear indicated. Moreover, many Indian families lack the means to pay for existing transportation. Consequently, many of the Indian people in this region go without medical care or rely upon Indian herb doctors.

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FIELD NOTES AND OBSERVATIONS

CHOCTAW NATION (Five Civilized Tribes), OKLAHOMA

LOCATION AND LAND: Earlier Choctaw Nation occupied entire southeast corner of Oklahoma, reaching Arkansas State boundary to east, Texas line to south, Canadian River to north, and present-day State Route #48 to west. 430,096 acres of land remain in individual Indian ownership, with large part leased to non-Indians.

Topography ranges from flat river bottom land to rocky hill and mountainous terrain. Coal and asphalt deposits, mainly in Coal and Atoka Counties.

Principal centers (1950 pop.) - No Choctaw settlements. Indians live along river bottom lands of the: Red River in Choctaw and McCurtain Counties, with Idabel (pop. 4,671); Arkansas River in LeFlore County, centering at Poteau (pop. 4,776); Canadian River in Pittsburgh County with McAlester (pop. 17,878), and in Pushmataha County with Antlers (pop. 2,506); and Muddy Boggy Creek that flows through Atoka and Coal Counties with Atoka (pop. 2,653) and Coalgate (pop. 1,984). Favored Choctaw locations are Talihina (pop. 965) in Latimer County or nearby hills of Ouachita National Forest and Winding Stair Mountains.

BIA Field Office - Muskogee Area Office, Muskogee, Oklahoma

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TRIBE: Choctaw

POPULATION: 10,100 potentially eligible for PHS services in 1958
16,000 estimate of Choctaw in Oklahoma, 1950

CHARACTERISTICS: Blood quantum - 32% fully Indian in 1950.

Homes - A small frame or log house, usually substandard.

Education - No specific data. 48% of Oklahoma Indians aged 25 and older completed grade school (1950). Most children at public schools. BIA dormitory, Jones Academy is operated for Indian children attending public school at Hartshorne.

Livelihood - Average family income low, not unlike that of non-Indian families in region. Land worn, resources meager. Source - Subsistence farming; migrant agricultural work including cotton picking in Texas; wage labor at distant places; cutting, clearing timber; few livestock enterprises; attempt made to revive basketry and weaving. Some better educated Choctaws find work in cities.

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HOSPITALS: Public Health Service Indian Hospital at Talihina serves Choctaws and some Seminoles and Chickasaws. In addition to services by hospital staff, medical and laboratory services by physicians of McAlester Clinic, McAlester, through contract with PHS.

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CHOCTAW NATION (Five Civilized Tribes), OKLAHOMA (cont'd)

In 1959 fiscal year at the PHS Indian Hospital, Talihina, there were -

	GMS <u>patients</u>	TB <u>patients</u>
Beds available (average for year)	78	146
Admissions to hospital	1,683	116
Births in hospital	274	0
Average daily inpatient load	70	35
Outpatient visits	11,114	0

Hospital care at Federal expense may be authorized at community hospitals, mainly the Pushmataha County Hospital, Antlers and McCurtain County Memorial Hospital, Idabel. Antlers, Hugo, and Idabel are centers of Choctaw population.

OTHER FACILITIES and SERVICES: Indian School Health Center at Jones Academy (BIA dormitory for Indian children who attend public school at Hartshorne); general medical-surgical care provided by local private physician through contract with the Public Health Service. Medical social worker from PHS Indian Hospital, Talihina serves children at Schaal Health Center. Medical care at Antlers by local private physician, through contract with PHS. Public health nurse (PHS) stationed here. Dental care by local private dentists at Antlers, McAlester, and Wilburton, by arrangement with PHS. Sanitarian aide (PHS) stationed at Idabel works with Indian communities to improve sanitary practices and conditions. Consultation from Area Office personnel in each of the professional activities, including medical social service, public health nursing, sanitary engineering, oral health and pharmacy. Public health services to Indians as to other citizens through Oklahoma State Department of Health. By contract with PHS, funds provided to augment public health nursing positions in local health departments serving Atoka, Choctaw, Latimer, LeFlore, Pittsburgh, and McCurtain Counties.

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HEALTH STATUS: Pneumonia the notifiable disease most frequently reported 1958-1959. Leading causes of hospitalization, diseases of the respiratory and digestive systems.

OTHER: Land, the sole resource here, is largely unproductive. Few economic opportunities for Indians and non-Indians alike. Many Choctaws lack means of transportation necessary to travel to PHS Indian Hospital at Talihina.

SPECIAL
PROBLEMS

CREEK NATION (Five Civilized Tribes), OKLAHOMA

THE RESERVATION

LOCATION AND LAND: Former Creek Nation was in east central Oklahoma surrounded by holdings of Osages, Cherokees, and Choctaws to north, east, and south. Some 311,512 acres remain in individual Indian family ownership; scattered tracts in Creek, Hughes, McIntosh, Muskogee, Okfuskee, Okmulgee, Tulsa, and Wagoner Counties. Principally suited to farming and pasturage; some timber. Over two-fifths of acreage leased to non-Indian operators. Oil on some tracts.

Principal centers (1950 pop.) - Largest concentration of Creeks in McIntosh County, around Checotah (pop. 2,638) and Eufoula (pop. 2,540); in Hughes County near Haldenville (pop. 6,192), Okemah (pop. 3,454), and Weleetko (pop. 1,548); also near the one-time Capitol of the Creek Nation, Okmulgee (pop. 18,317) in Okmulgee County. Muskogee (pop. 37,287), in Muskogee County, is center of BIA services to Indians in eastern Oklahoma. Scattered groups of Creeks found in Creek County at Sapulpa (pop. 13,031); in Tulsa County at Broken Arrow (pop. 3,262) and Tulsa (pop. 182,740); and in Wagoner County at Coweta (pop. 1,601).

BIA Field Office - Muskogee Area Office, Muskogee, Oklahoma

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TRIBE: Creek

POPULATION: 10,450 potentially eligible for PHS services in 1958
16,640 estimate of Creek in Oklahoma, 1950

CHARACTERISTICS: Blood quantum - 36% fully Indian (1950).

Homes - Typical dwelling a small frame house.

Education - 48% Oklahoma Indians aged 25 and older completed grade school (1950). No specific data for Creeks. Most children at public schools; concerted effort being made to urge them to complete 12th grade. BIA dormitory, Eufoula Boarding School, operated for Indian children at public schools in Eufoula.

Livelihood - Average family income moderately high, approaching that of non-Indian neighbors. Source - Farming, livestock, and wage labor at farms and ranches in vicinity. Indians whose allotted land has oil have accrued considerable wealth.

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HOSPITALS: Creeks eligible for PHS medical and hospital services utilize the closest PHS Indian hospital. Those in north and west parts of Creek Nation go to Claremore; those in eastern sector go to Tohlequah; those in southern portion go to Tahleah.

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CREEK NATION (Five Civilized Tribes), OKLAHOMA (cont'd)

Hospital care at Federal expense may be authorized at community hospitals, mainly the 108-bed Muskogee General Hospital and 88-bed Oklahoma Baptist Hospital, both at Muskogee where many Creeks now live; also at the 350-bed Hillcrest Medical Center and the 640-bed St. John's Hospital, both at Tulsa, 58 miles from Muskogee.

OTHER FACILITIES and SERVICES: Indian School Health Center at Eufaula Boarding School (BIA dormitory for Indian children who attend public school at Eufaula); part-time services provided by local private physician and local dentists through contract or other arrangement with PHS. Services of medical social worker available from PHS Indian Hospital, Tahleah. Part-time medical care at Okemah by local private physician; public health nurse (PHS) in attendance. Dental care as needed by arrangement with local private dentists at Okemah, Muskogee, Checotah, and Tulsa. Sanitarian aide (PHS) works with the Indian communities and tribal leaders on improvement of home water supplies, waste disposal, refuse and insect control measures, and health education. Consultation from Area Office personnel in each of the professional activities, including medical social service, public health nursing, sanitary engineering, oral health and pharmacy. Public health services to Indians as to other citizens through Oklahoma State Department of Health. By contract with PHS, funds provided to augment public health nursing positions in local health departments serving Creek, Hughes, McIntosh, Muskogee, and Okmulgee Counties.

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HEALTH STATUS: Combined reports for notifiable diseases among Indians in Oklahoma show a high incidence of pneumonia, influenza and enteric diseases.

SPECIAL PROBLEMS

OTHER: Creek Nation divided into two contrasting groups: those living in western section, on land well adapted to farming, some oil production, with level of living comparable to non-Indian neighbors; and those in eastern section, living on hilly, less productive land, with very limited social and economic opportunities. Sanitation and substandard housing conditions are major health problems among the "eastern" Creeks.

SEMINOLE NATION (Five Civilized Tribes), OKLAHOMA

LOCATION AND LAND: Seminole Nation, central Oklahoma, once encompassed present-day Seminole and Hughes Counties between the North and South Canadian Rivers. Adjoined by Creek Nation lands to north and Chickasaw Nation lands to south. About 59,056 acres remain in individual Indian family ownership, mostly in 40 acre homestead allotments. Some oil, gas, and coal resources.

Substandard farm land, at least half of which is in need of intensive soil conservation and for all practical purposes is unsuited to farming. Land is of such character that a six mile strip from Sasakwa to Wewoka is known as "poverty ridge." In 1923 when Greater Seminole oil field opened, about four-fifths of original Indian acreage had passed into non-Indian hands.

Principal centers (1950 pop.) - No Indian settlements. Larger concentration of Seminole in trade area of Wewoka (pop. 6,700), first established as Capitol of Seminole Nation, now the county seat of Seminole County; Seminole (pop. 11,863), Sasakwa (pop. 365), and Konawa (pop. 2,707), all in Seminole County. Larger towns nearby (1950 pop.) - Shawnee (pop. 22,948), 30 miles northwest of Wewoka; Oklahoma City (pop. 243,504), 69 miles northwest; and McAlester (pop. 17,878), 56 miles east of Wewoka.

BIA Field Office - Muskogee Area Office, Muskogee, Oklahoma

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TRIBE: Predominately Seminole with considerable Creek

POPULATION: 2,900 potentially eligible for PHS services in 1950
2,560 estimate of Seminole Indians in Oklahoma, 1950

CHARACTERISTICS: Blood quantum - 40% fully Indian (1950).

Homes - Typical dwelling a small frame house; some log houses.

Education - 48% of Oklahoma Indians aged 25 and older completed grade school (1950). No specific data for Seminole. Majority of the children attend public schools.

Livelihood - Average family income low, the lowest of the Five Civilized Tribes, although some families have considerable money from oil and gas resources found on their allotments. Source of income. About one-fifth of families are farm families. Most depend on skilled and unskilled wage work.

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HOSPITALS: Seminoles eligible for PHS medical and hospital services utilize PHS Indian hospitals at Tahlequah and Claremore for the

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SEMINOLE NATION (Five Civilized Tribes), OKLAHOMA (cont'd)

most part, but make occasional use of those at Tahlequah, Lawton, and Pawnee. Tuberculous patients generally hospitalized at PHS Indian Hospital, Shawnee.

Hospital care at Federal expense may be authorized at Community hospitals, mainly the 27-bed Wewaka Memorial Hospital, Wewoka, where the largest concentration of Seminoles reside.

OTHER FACILITIES and SERVICES: Medical care to Indians in Seminole and Hughes Counties by members of the Wewoka Medical Society, through contract with the Public Health Service. Medical services at Okemah (28 miles from Wewoka) by local private physician, through contract with PHS as well as at the general outpatient clinic.

Sanitarian aide (PHS) stationed at Wewoka works with the Indian communities and tribal leaders on improvement of home water supplies, waste disposal, refuse and insect control measures, and health education.

Consultation from Area Office personnel in each of the professional activities, including medical social service, public health nursing, sanitary engineering, oral health and pharmacy.

Public health services to Indians as to other citizens through Oklahoma State Department of Health. By contract with PHS, funds provided to augment public health nursing positions in local health departments serving Hughes and Seminole Counties. Part-time dental care to medically indigent Indians available, as for other medically indigent residents of Hughes and Seminole Counties, at State Health Department operated dental clinics at Holdenville and Wewoka.

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HEALTH STATUS: Influenza and pneumonia the notifiable diseases most frequently reported, 1958-1959. These diseases as well as upper respiratory infections and enteric diseases are believed to be primarily the result of substandard housing and living conditions.

SPECIAL PROBLEMS

OTHER: Very restricted employment opportunities. Seminole land, like that of other Indian groups nearby, is of low productivity. Many Seminoles lack means of transportation to PHS facilities.

CHEYENNE AND ARAPAHO OF THE SOUTHERN PLAINS, OKLAHOMA

LOCATION AND LAND: Land once reserved for Southern Cheyenne and Arapaho lay in parts of nine present-day counties, centered at Custer County. Northern boundary, Cherokee Outlet; southern boundary, Washita River; western boundary, Texas State line; eastern limits, Chisholm Trail (now U. S. Highway #81).

Much land has since passed into non-Indian ownership, but 180,560 acres open grazing and dry farm land remain in Indian hands. Of these, some 6,000 acres in common tribal ownership; rest are owned by individual Indian families, mostly in 160 acre tracts, scattered through a vast area. Majority leased to non-Indian operators.

Principal centers (1950 pop.) - No Indian settlements. Indians live in or near small towns on lands originally reserved for them.

Cheyennes: Canton (pop. 959) and Watonga (pop. 3,249), Blaine County; Concho and El Reno (pop. 10,991), in Canadian County; Clinton (pop. 7,555), Thomas (pop. 1,171) and Weatherford (pop. 3,529) in Custer County; Seiling (pop. 700), Dewey County; Hammon (pop. 621) in Roger Mills County. Arapahos: at Canton (pop. 959), Geary (pop. 1,614), and Greenfield (pop. 191) in Blaine County; and at Colony in Washita County. Larger towns nearby (1950 pop.) - Oklahoma City (pop. 243,504), 89 miles due east of Clinton is the nearest metropolitan center. Smaller towns are Elk City (pop. 7,962), 28 miles west of Clinton; Kingfisher (pop. 3,345), 27 miles east of Watonga.

BIA Field Office - Cheyenne and Arapaho Field Office, Concho, Oklahoma

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TRIBES: Cheyenne; Arapaho

POPULATION: 3,700 potentially eligible for PHS services in 1958
3,102 enrolled tribal members in 1945

CHARACTERISTICS: Blood quantum - Specific data not available, but reportedly the majority are fully Indian.

Homes - Typical dwelling a small frame house of Oklahoma farm or ranch design. Many lack modern conveniences.

Education - Said to be group of Oklahoma Indians that has clung to tribal culture more than any other. Some older members unable to read or write English. Children attend public schools. BIA maintains the Cheyenne-Arapaho Boarding School at Concho.

Livelihood - Average family income low, below that of non-Indian families in vicinity. Source - Farming, seasonal agricultural and ranch labor, homestead subsistence garden tracts, some returns from lease of land.

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CHEYENNE AND ARAPAHO OF THE SOUTHERN PLAINS,
OKLAHOMA (cont'd)

HOSPITALS: Public Health Service Indian Hospital at Clinton. In 1959 fiscal year there were -

28 beds available (average for year);
754 admissions and 116 births in hospital;
13 average daily inpatient load;
4,932 outpatient visits.

Hospital care (primarily for emergency patients) at Federal expense may be authorized at the 75-bed Community Hospital, Elk City, 28 miles west of Clinton, and at the 22-bed Kingfisher Community Hospital, Kingfisher, 27 miles east of Wotonga.

OTHER FACILITIES and SERVICES: Indian School Health Center, Cheyenne-Arapaho Boarding School, Concho. Service by part-time physician and full-time nurse (both PHS).

HEALTH
RESOURCES Physician and public health nursing services provided at Clinton, Concho and Wotonga by staff from PHS Indian Hospital at Clinton. Dental care at these locations by local private dentist, through contract with PHS.

Clinics at Elk City, El Reno, Conton, Geary, Hamman and Thomas staffed by part-time private physicians and dentists through contract with PHS. Dental services at other locations such as Fairview and Kingfisher through arrangement with PHS.

Consultation from Area Office personnel in each of the professional activities, including medical social service, public health nursing, sanitary engineering, oral health and pharmacy.

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HEALTH STATUS: Pneumonia and measles the notifiable diseases most frequently reported, 1958-1959. Leading causes of hospitalization were diseases of upper respiratory system, influenza, and pneumonia. Extremely poor environmental sanitation conditions lead to constant problems with enteric diseases.

SPECIAL
PROBLEMS

OTHER: About one-half of the Cheyenne and Arapaho are without transportation of any kind to the various medical clinics. Many families live in old, run down homes without windows or doors, without toilet facilities or water on premises.

COMANCHE, KIOWA, APACHE, WICHITA, CADDO and DELAWARE OF SOUTHERN PLAINS, OKLAHOMA

LOCATION AND LAND: Among groups driven from New Mexico and Texas after mid-19th Century were Comanche-Apache-Kiowa and Wichita-Caddo. Beginning 1894, U. S. Indian Office counted with latter, the Tawakoni, Waco, Kichai, and Hainai. Together they occupied southwest corner Oklahoma. Holdings adjoined Cheyenne-Arapaho to north, Chickasaw to east. Wichita Mountains in center.

Scattered tracts, mostly individual Indian family ownership. Originally allotted in 160 acre lots; Apache later purchased 80 acre lots. Open grazing land suitable for forage crops; farming at some places. Some oil and gas resources have been discovered.

Rural Trade Centers
(1950 pop.)

Tribe	County	
Comanche Kiowa Apache	380,197 acres	Caddo, southern portion Anadarko (pop. 6,184), 65 miles S.W. of Oklahoma; Apache (pop. 1,190); Carnegie (pop. 1,719); Fort Cobb (pop. 665); Fort Sill
		Comanche Cache (pop. 677); Indianola (pop. 319); Lawton (pop. 34,757)
		Cotton Walters (pop. 2,743)
		Kiowa Goteba (pop. 574); Hobart (pop. 5,380); Mountain View (pop. 1,009)
		Tillman Hollister (pop. 172)
Wichita Caddo	102,604 acres	Caddo northern portion Binger (pop. 773) mostly Wichita; Grocemont (pop. 301), mostly Caddo; Washita; Anadarko
		Conadian No population centers
		Grady Pocasset
Delaware	Caddo	Anadarko

BIA Area Field Office - Anadarko Area Office, Anadarko, Okla.

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TRIBES: Principally Comanche and Kiowa; fewer Delaware, Apache (Kiowa-Chiricahua bands), Wichita and Caddo including Hainai, Kichai, Tawakoni, Waco.

THE
RESERVATION

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COMANCHE, KICWA, APACHE, WICHITA, CADDO and DELAWARE
OF SOUTHERN PLAINS, OKLAHOMA (cont'd)

POPULATION: 7,100 eligible for PHS services, 1958
Enrolled members: about 5,774 Comanche,
Kiowa, Apoche; 1,809 Wichita, Caddo;
250 Delowore (1950)

CHARACTERISTICS: Blood quantum - Mostly one-half or more Indian.
Homes - Typically a small wooden shack. Some of better quality
usually occupied by families (Kiowa) with gas or oil royalties.
Education - Wide range. Some speak only tribal tongue; some
are college graduates. Children attend public school. BIA
boarding schools: Fort Sill at Lawton; Riverside at Anadarko.
Livelihood - Average family income low. Source - Individual
farm and livestock projects; regular or seasonal farm, ranch
work. Land rental. Gas and oil resources on a few tracts.

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HOSPITALS: Public Health Service Indian (Kiowa) Hospital at Lawton.
Used by Indians in most of Southern Plains holdings and in west
portion of Chickasaw. In addition to PHS hospital staff,
consultant-specialist services by local private physicians through
contract with PHS. Dental care by PHS dental officer and
through arrangement with local private dentists. In 1959 -
88 beds available (average for year);
1,874 admissions and 299 births in hospital;
60 average daily inpatient load;
15,848 outpatient visits.

HEALTH
RESOURCES

OTHER FACILITIES and SERVICES: PHS Indian Health Center, Anadarko; Child Health Clinic, Carnegie. Part-time medical, dental
care by local private physicians and dentists through contract
with PHS. Public health nurse in attendance. Medical social
worker from PHS Indian Hospital, Lawton, serves children of these
locations and at Riverside and Fort Sill Schools.
School health clinic at Riverside School; physician and nursing
staff from Anadarko; dentist from PHS Indian Hospital, Lawton.
Sanitarian aide (PHS) works with Indian communities.
Consultation from Area Office professional staff.
Part-time dental care to medically indigent Indians available, as
for other medically indigent residents of Comanche County, at
State Health Department operated dental clinic at Lawton.

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SPECIAL
PROBLEMS

HEALTH STATUS: Digestive disorders the illness most frequently reported, 1958-1959. Diseases of respiratory and digestive systems
the main causes of hospitalization.

OTHER: Most jobs available are seasonal, in agriculture. Low
family income; relatively low level of living.

OSAGE RESERVATION, OKLAHOMA

LOCATION AND LAND: In 1907 Osage Reservation lands included almost 1½ million acres. Of these, 282,560 acres remain in Indian hands today. Entire Reservation in Osage County, north and northwest of Tulsa, in northeastern Oklahoma. Directly west of Washington County, north of the Arkansas River, and south of the Oklahoma-Kansas State line.

Mostly covered with rich bluestem grass, excellent for grazing. Considerable acreage leased to non-Indian operators. Gas, oil, and coal. Inexhaustible limestone deposits.

Principal centers (1950 pop.) - Greatest concentration of Osage still at the original Indian communities of Grayhorse and Hominy (pop. 2,702), both near county seat of Pawhuska (pop. 5,331). Osages live in or near most small towns in Osage County.

Larger towns nearby (1950 pop.) - Bartlesville (pop. 19,228) 25 miles northeast of Pawhuska; Claremore (pop. 5,494) 83 miles southeast of Pawhuska; Oklahoma City (pop. 243,504) 141 miles southwest and Tulsa (pop. 182,740) 51 miles southeast of Pawhuska. None of the larger towns are in Osage County.

BIA Field Office - Osage Agency, Pawhuska, Oklahoma

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TRIBE: Osage

POPULATION: 1,600 potentially eligible for PHS services in 1959
4,923 enrolled tribal members, December 1949

CHARACTERISTICS: Blood quantum - 1 of 10 enrolled Osages is reported to be fully Indian.

Homes - Great variation just as there is in the general population, with some modest and others more elaborate dwellings, usually frame.

Education - Almost all adults read and speak English. Children attend public and private schools, a fair proportion completing high school and many attending college.

Livelihood - Among the most prosperous Indian groups, with average family income comparable to that of the more wealthy northwest reservations. Many Osages are better off financially than their non-Indian neighbors. Source - Same Os

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OSAGE RESERVATION, OKLAHOMA (cont'd)

HOSPITALS: Most Osages finance own medical and hospital care, utilizing private physicians and local hospitals. An occasional indigent Osage is admitted to the PHS Indian Hospital at Claremore, 83 miles from Pawhuska, or to the PHS Indian Hospital at Pownee, 51 miles from Pawhuska.

HEALTH RESOURCES

OTHER FACILITIES and SERVICES: Public health nurse (PHS) holds conferences at Pawhuska and visits Indian homes. Immunizations, home visits, maternal and child health and health supervision, including safety surveys and home safety information, are some of the preventive health activities emphasized in the effort to insure continuing participation of Indian families in an effective Indian health program.

Public health services to Indians on the same basis as to other citizens by the Oklahoma State Department of Health.

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HEALTH STATUS: Statistical data concerning health condition of the Osage Indian Tribe are insufficient for comparative analysis.

SPECIAL PROBLEMS

OTHER: Construction of safe water wells and sewerage disposal units encouraged. There are many sanitary needs, which require technical guidance. To the extent possible, the State Health Department provides technical guidance and consultation service.

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FIELD NOTES AND OBSERVATIONS

PAWNEE GROUP, NORTH CENTRAL OKLAHOMA

LOCATION AND LAND: Forced to sell lands in Nebraska and Kansas, the Pawnee and other smaller groups of Indians were latecomers to Oklahoma, 1875-1885. Together they occupied land from Kay County at Kansas State line on north, to Cimarron River in Payne County on south, including portions of Noble and Pawnee Counties.

Present holdings cover almost 158,000 acres of noncontiguous land, mostly in individual family ownership. Considerable land leased to non-Indian stockmen or farmers. Hilly terrain, ravines and cut over timber. Oil and gas resources on some Ponca and Kaw holdings near Arkansas River reaching to Osage County.

Principal centers (1950 pop.) - Only Indian settlement, White Eagle on Ponca Reservation. Oklahoma City (pop. 243,504) and Tulsa (pop. 182,740) are 108 miles southwest and 57 miles south-east of Pawnee respectively.

Tribe	Acreage	County	Rural Trade Centers
			(1950 pop.)
Pawnee	37,434	Pawnee	Pawnee (pop. 2,861); Skedee (pop. 170); Lela; Meramec Yale (pop. 1,359)
		Payne	
Ponca	36,919	Kay	Ponca City (pop. 20,180); White Eagle
		Noble	
Oto-Missouri	45,085	Noble Pawnee	Ponca City (pop. 20,180)
Kaw	13,261	Kay	Newkirk (pop. 2,201)
Tonkawa	25,079	Kay	Tankawa (pop. 3,643)

BIA Field Office - Pawnee Area Field Office, Pawnee, Okla.

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POPULATION: 3,300 potentially eligible for PHS services in 1958
3,672 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - 33% of Pawnee, 40% of Ponca, 18% of Kaw fully Indian (1950). 54% of Oto-Missouri fully Indian (1930). Few Tonkawa Indians.

Homes - Typical dwelling small frame house, in poor repair.

Education - 48% of Oklahoma Indians aged 25 and older completed grade school (1950). Most children attend public

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PAWNEE GROUP, NORTH CENTRAL OKLAHOMA (cont'd)

school. BIA operates Chilocco Indian Boarding School at Chilocco where one-half of students are Navajos.

Livelihood - Average family income low. A few Kow and Ponca have considerable wealth through oil, gas resources on holdings; most farm and graze livestock on difficult terrain. Occasional jobs of farming and ranching.

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HOSPITALS: Public Health Service Indian (Pawnee-Ponca) Hospital at Pawnee. Used by Indians of this region, also by students of Chilocco Boarding School, and by Indians associated with the Shawnee group. Dental care here by local private dentist through contract with PHS. In 1959 fiscal year there were -
33 beds available (average for year);
699 admissions and 133 births in hospital;
15 average daily inpatient load;
4,749 outpatient visits.

Hospital care at Federal expense may be authorized for students of the Chilocco School at 74-bed Arkansas City Memorial Hospital, Arkansas City, Kansas, about 4 miles away.

HEALTH
RESOURCES

OTHER FACILITIES and SERVICES: Indian School Health Center at the Chilocco School; staffed by dentist, 3 graduate nurses and nursing assistants. Medical care by local private physician, through contract with PHS.

Part-time medical and dental care at White Eagle by local private physician and dentist, and services of a public health nurse (Kay County, Oklahoma State Department of Health), all by contractual arrangement with the Public Health Service. Full-time dental officer (PHS) in attendance during summer months, June - August.

Dental care for Indians in vicinity of Pawnee and Ponca City by local private dentists, through contract with PHS.

Consultation from Area Office personnel.

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HEALTH STATUS: Gastritis, dysentery, and related digestive diseases the notifiable diseases most frequently reported 1958-1959, followed by pneumonia. Leading causes of hospitalization were diseases of the respiratory and digestive systems.

SPECIAL
PROBLEMS

OTHER: Pawnee and Noble Counties lack organized county health units to serve as resources for public health nursing and other preventive health services. Environmental sanitation problems, particularly in vicinity of White Eagle.

SHAWNEE GROUP, EAST CENTRAL OKLAHOMA

LOCATION AND LAND: Small tracts of land, East Central Oklahoma, just west of Cherokee-Seminole holdings, were assigned to various tribes who left Kansas over the years 1867-1883. Original holdings within strip of land 40 miles wide, east to west, and extending from Cimarron River on north to Canadian River on south.

Indians of region today live on homesite tracts (80-acre) in rural area, altogether aggregating some 64,000 acres. Land is of varying quality with some good farm and grazing areas, and other areas covered with brush and of little value.

<u>Tribe</u>	<u>Acreage</u>	<u>County</u>	<u>Rural Trade Centers</u> <u>(1950 pop.)</u>
(Absentee) Shawnee	20,735	{ Pottawatomie { Cleveland	Shawnee (pop. 22,948) Narman (pop. 27,006)
Iowa	2,472	Lincoln	Perkins (pop. 706) Fallis (pop. 105)
Kickapoo	8,817	{ Pottawatomie { Lincoln	Dale; McLoud (pop. 718) Weliston (pop. 643)
Potowatomi	5,973	Pottawatomie	Asher (pop. 420) Maud (pop. 1,389) Tecumseh (pop. 2,275) Wanette (pop. 594)
		Cleveland	Lexington (pop. 1,176)
Soc and Fox	26,366	Lincoln	Straud (pop. 2,450)

BIA Field Office - Shawnee Area Field Office, Shawnee, Okla.

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POPULATION: 4,600 potentially eligible for PHS services in 1958

CHARACTERISTICS: Blood quantum - 3 of 4 Kickapoos and Iowas, 1 of 2 Sacs and Foxes and Shawnees fully Indian (1950). No other data.
Homes - Typical dwelling a crude hut or frame house of modest design. Some more elaborate.

Education - No specific information. 48% of Oklahoma Indians aged 25 and older completed grade school (1950). Most children attend public school.

Livelihood - Wide range in family income; many destitute, a few comparatively wealthy. In general it is below that of non-Indian families in vicinity. Source - Farming, stock raising, business; seasonal agricultural labor; returns from land leases, gas, oil.

THE
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HOSPITALS: Public Health Service Indian Hospital at Shawnee, a specialized facility for Indians with tuberculosis. Patients referred from entire State, largest number from central and western portions. In addition to services by hospital staff, consultative and specialist services by local private physicians through contract with PHS. Dental care by local private dentist at Shawnee, through PHS contract. In 1959 fiscal year -
 66 beds available (TB only, average for year);
 143 admissions;
 43 average daily inpatient load;
 8,425 outpatient visits.

General medical outpatient clinic services provided at hospital, with hospital staff in attendance. Indians who need hospitalization for general medical or surgical care may be referred to the PHS Indian Hospitals at Pawnee or at Lawton.

Hospital care at Federal expense may be authorized at community hospitals, mainly 27-bed Wewoka Memorial Hospital, Wewoka, 30 miles from Shawnee, and 10-bed Stroud General Hospital, Stroud, principal center of Soc and Fox in Oklahoma.

HEALTH RESOURCES

OTHER FACILITIES and SERVICES: Medical care, minor surgery, office visits, home calls by private physicians of Stroud General Hospital Clinic, through PHS contract, for Soc and Fox and others nearby.

Consultation from Area Office personnel in the professional activities, including medical social service, public health nursing, sanitary engineering, oral health and pharmacy.

Public health services to Indians or other citizens through Oklahoma State Department of Health. By contract with PHS, funds provided to augment public health nursing positions in Pottawatomie County. The County Health Department is officially organized to provide medical, nursing, and sanitation services on a full-time basis. Part-time dental care to medically indigent Indians available, as for other medically indigent residents of Pottawatomie County, at State Health Department operated dental clinic at Shawnee.

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HEALTH STATUS: Tuberculosis, pneumonia, streptococcal sore throat, and measles the notifiable diseases reported most frequently, 1958.

SPECIAL PROBLEMS

OTHER: Among many of the Shawnee group, crowded housing and poor environmental sanitation conditions result in relatively high incidence of upper respiratory and gastro-intestinal infections. Health education continuously emphasized in effort to improve level of health.

SEMINOLE RESERVATIONS, FLORIDA

LOCATION AND LAND: The Florida Seminoles, descendants of the Seminole group who evaded capture and removal to Oklahoma, have use of more than 184,000 acres of land (some 80,000 acres under Federal supervision, remainder under jurisdiction of State), mostly in southern part of Florida:

Brighton Reservation	Glades County	36,925 acres
Big Cypress Reservation	Hendry County	42,663 acres
Dania Reservation	Broward County	440 acres
State of Florida Res.	Broward County	104,800 acres

Brighton Reservation is principally grazing land, one-fourth of area covered by cabbage-palm hummocks. Separated from north-western shores of Lake Okeechobee by State Highway #78. Big Cypress Reservation, 30 miles south of Lake Okeechobee, joins State of Florida Reservation to east. Parts of northern area of State reservation used to graze Seminole cattle during dry seasons and for hunting; however, land is under water great portion of year. Large areas of Brighton and Big Cypress Reservations also inundated June-October. Small Dania Reservation, just inland from Atlantic Coast, is about 20 miles north of Miami.

Principal settlements - Camps of 4-20 people, generally cluster near BIA buildings. On Brighton Reservation, some camps are on State Road #721 which runs north-south through region; at Dania, some are along State Road #7. No residents on State Reservation.

Nearest off-reservation towns in Florida (1950 pop.) - Dania (pop. 4,540), 7 miles east of Dania Reservation; Fort Lauderdale (pop. 36,328), north of Dania Reservation. Towns closest to Brighton Reservation are Okeechobee (pop. 1,849), 15 miles northeast, and Clewiston (pop. 2,499), 25 miles southeast. Big Cypress Reservation, in south central part of State, isolated from population centers. Immokalee (pop. 1,800), Belle Glade (pop. 7,219), and Clewiston all 25-50 miles from edge of reservation.

BIA Field Office - Seminole Agency, Dania, Florida

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TRIBE: Seminole (Muskogee and Miccosukee groups)

POPULATION: 900 potentially eligible for PHS services in 1958
975 enrolled tribal members in 1956

CHARACTERISTICS: Blood quantum - Mostly fully Indian in 1950.
Homes - A chickee (wooden-floored open shed, framework of cypress poles; thatched roof of palmetto fronds nailed down to form matting; open sides that may be closed by drawing canvas across opening). One family may use several chickees built close together. Drinking water is from shallow wells. Waste disposal generally unsatisfactory.

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SEMINOLE RESERVATIONS, FLORIDA (cont'd)

Education - Few adults over 45 years of age had formal teaching. 63% of persons aged 6 and older speak English (1950). Increasing numbers of children enrolled, mostly at public schools; same at BIA day school, Big Cypress.

Livelihood - Average family income low. Mainly from truck farm and ranch labor; road work. Supplemented by fishing, hunting, small family gardens, arts and crafts. Seminole Tribal organization has under consideration the leasing of greater part of Dania Reservation for urban development; income would be used to benefit residents of the three reservations.

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Since February 1959, responsibility for administering the health program for the Seminole Indians in Florida was transferred from the Oklahoma City Indian Health Area Office to PHS Regional Office IV, Atlanta, Georgia.

HEALTH RESOURCES

HOSPITALS: Comprehensive medical care including hospitalization provided through contract with Florida State Board of Health for Indian beneficiaries not covered by State health and welfare programs. Hospital care at 211-bed Broward County Hospital, Fort Lauderdale; 70-bed Hendry County Hospital, Clewiston; and 16-bed Okeechobee Hospital, Okeechobee, all within 25 miles.

OTHER FACILITIES and SERVICES: Medical care available in Clewiston through contract with local private physician.

Public health services for all citizens provided by local county health departments. Public health nurse (PHS) holds conferences at Brighton, Dania, and Big Cypress; visits Indian schools and homes.

Dental care for children, and emergency care for adults, at Clewiston, Okeechobee, and Dania by local private dentists through contract with PHS.

Consultation by nursing and environmental sanitation staff from PHS Region IV Office, Atlanta, Georgia.

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HEALTH STATUS: Diarrhea occurs late summer -- August, September. Hookworm infestation is endemic. Diseases of heart and accidents leading causes of death among Florida Indians 1955-1957.

SPECIAL PROBLEMS

OTHER: Many Seminoles tend to cling to early tribal customs and are reluctant to accept new and different ways of living. Problems of water supply, waste disposal, and food storage have impact on health.

INDIAN GROUPS IN KANSAS

LOCATION AND LAND (1955 pop.): Four reservations in northeast corner Kansas form semicircle west of Atchison (pop. 20,732) 30 miles distant. The Sac and Fox and Iowa adjoin one another, extend slightly into Nebraska; the Kickapoo and Potawatamie lie some 20 and 40 miles farther south. Each reservation carries name of tribe assigned lands in Kansas 1832-1842, same members moving on to Oklahoma between 1868 and 1883. Today counterpart groups in Oklahoma outnumber those in Kansas.

Land mostly in individual Indian ownership used for farming or grazing; that at Iowa Reservation is productive, operated by Indians; that at other three reservations is inferior except where there are streams, and is largely leased to non-Indians.

About 16 homes on Iowa, 31 on Kickapoo and 85 on Potawatamie lands. Few Sac and Fox live on reservation. Most Indians cluster in rural trade areas of non-Indian villages -- the Iowa and Sac and Fox near Reserve (pop. 129); Kickapoo near Powhattan (pop. 149); Potawatamie near Mayetta (pop. 234).

Haskell Institute, near Lawrence (pop. 20,928) is an off-reservation BIA boarding school with high school and vocational curriculum. Some 1,100 Indian students represent major tribal groups from Alaska Natives to Zuni Pueblos.

THE RESERVATION

<u>Tribe</u>	<u>Acreage</u>	<u>County and State</u>	<u>Nearest town</u>
Sac and Fox	About 600, mostly in Nebraska	Brown County, Kansas, Richardson County, Nebraska	Falls City, Nebr. (1950 pop. 6,203) North of reservation
Iowa	App. 1,680 mostly in Kansas	Brown County, Kansas, Richardson County, Nebraska	Falls City, Nebr. (1950 pop. 6,203) North of reservation
Kickapoo	Over 6,000	Brown County, Kansas	Horton (1955 pop. 2,791) 5 miles East of reservation
Potawatamie	Over 27,000	Jackson County, Kansas	Horton (1955 pop. 2,814) 5 miles North; Topeka (1955 pop. 82,921) 20 miles S. of reservation

BIA Field Office - Potawatamie Area Field Office, Horton, Kan.

INDIAN GROUPS IN KANSAS (cont'd)

POPULATION: 1,000 potentially eligible for PHS services in 1958 (figure includes 100 Indians in Nebraska, but is exclusive of Haskell Institute community.) 140 Sac and Fox, 580 Iowa, 426 Kickapoo, and 1,300 Potawatomie enrolled tribal members in 1954

CHARACTERISTICS: Blood quantum - Considerable intermarriage among various Kansas tribes, also with non-Indians.
Homes - Typical dwelling a small frame house. With exception of houses on Ioww Reservation, they are in poor repair.
Education - Two-thirds of adults had 8 or more years schooling (1956). Most children attend public schools.
Livelihood - Average family income one-half to two-thirds that of non-Indian families nearby. Source - Subsistence farming; off-reservation farm and wage work; some skilled labor in towns. Ioww in better financial and social situation than others in Kansas.

THE PEOPLE

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HOSPITALS: Patients sometimes referred to PHS Indian Hospitals at Claremore, Pawnee, and Shawnee.
Hospital care of Federal expense may be authorized at community hospitals, mainly 26-bed Holton Hospital, Holton and 44-bed Horton Hospital, Horton, close to Potawatomie and Kickapoo Reservations; 291-bed Stormont-Voil Hospital, Topeka, 75 miles from Sac and Fox and Ioww groups. Haskell Institute students go to 144-bed Lawrence Memorial Hospital, Lawrence, nearby.

HEALTH RESOURCES

OTHER FACILITIES and SERVICES: Indian School Health Center at Haskell Institute, staffed by registered nurses, nursing assistants, dental officer and dental assistant. Medical care by local private physician, through contract with Public Health Service. Public health nurse (PHS) is stationed at Holton. Dental team from Haskell Institute work here during the summer. Services of medical social worker from PHS Indian Hospital, Claremore. Dental care at Topeka and at Holton by local private dentists, through arrangement with PHS.

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HEALTH STATUS: Influenza and pneumonia the leading notifiable diseases and major causes of hospitalization. Diseases of heart the leading cause of death among Kansas Indians, 1955-1957.

SPECIAL PROBLEMS

OTHER: Limited education and lack of occupational skills restrict job opportunities. Low economic status, inadequate housing, poor environmental sanitation conditions, hinder progress in improving level of health. Need for intensified health education.

CHOCTAW RESERVATION, MISSISSIPPI

LOCATION AND LAND: Small group of Choctaws, resisting migration to Indian Territory, settled on reserved land in Central Mississippi. Some 16,800 acres remain in hands of the Tribe. Mostly in Neshoba County, adjoining Leake and Newton Counties on the Pearl River, in Attala County, and in Jones County near Bogue Homa Lake.

Greater part is in tribally owned tracts of varying size. Prime and second growth timber -- yellow pine, some white oak, gum, and other hard woods. About 4,000 acres in Neshoba County cleared for tribally assigned Indian farm and homesite tracts of varying size. Tracts separated by extensive non-Indian land holdings. Tribe owns the minor gas and oil resources on this land. Principal centers (1956 est. pop.) - Indians are settled in small rural communities:

near Philadelphia -- Pearl River (pop. 591) and Bogue Chitto (pop. 771) to northwest; Tucker (pop. 368) to southeast;

near Carthage -- Standing Pine (pop. 226) and Conehatta (pop. 521) to southeast; Red Water (pop. 326) to north;

near Laurel -- Bogue Homa (pop. 149).

Larger towns nearby, in Mississippi (1950 pop.) - Philadelphia (pop. 4,472), center of Federal services to Choctaw. Carthage (pop. 1,925) about 25 miles east of Philadelphia. Laurel (pop. 25,038), about 90 miles south of Philadelphia.

BIA Field Office - Choctaw Area Field Office, Philadelphia, Mississippi

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TRIBE: Choctaw (Mississippi Band)

POPULATION: 2,800 potentially eligible for PHS services in 1958
2,622 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - Specific data not available; reportedly many are fully Indian.

Homes - Typical dwelling a frame house. Large number were built under Federal auspices in 1939; some added since.

Education - Only 8% of Indians aged 25 and older completed grade school (1950). 84% of children 6 to 18 attended school 1958, majority at 7 BIA day schools in this region. Daily attendance poor; as with southern farm families generally, children often help in fields. Choctaw is the language of social and home usage.

Livelihood - Average family income low. Source - farming, share cropping, agricultural wage labor, and timbering.

THE
RESERVATION

THE
PEOPLE

CHOCTAW RESERVATION, MISSISSIPPI (cont'd)

HOSPITALS: Public Health Service Indian (Choctaw) Hospital at Philadelphia. In fiscal year 1959 there were -

32 beds available;

810 admissions and 97 births in hospital;

20 average daily inpatient load;

6,578 outpatient services.

Hospital care may be authorized at Federal expense at community hospitals. Patients requiring uncomplicated surgery admitted to Neshoba County Hospital, Philadelphia, then returned to PHS Indian Hospital at Philadelphia for convalescent care. Specialized surgical and medical cases may be referred to 355-bed University Hospital, Jackson, some 120 miles from Philadelphia.

OTHER FACILITIES and SERVICES: Physician, dental and public

health nursing services at each of the 7 BIA day schools on reservation and, for families, at Conehatta and Standing Pine, through staff of PHS Indian Hospital, Philadelphia.

Sanitarian aide (PHS) works with Indian communities and coordinates activities with tribal leaders on such matters as improvement of home water supplies, waste disposal, refuse and insect control measures, and health education.

Consultation from Area Office personnel in each of the professional activities, including medical social service, public health nursing, sanitary engineering, oral health and pharmacy.

Specified public health services furnished to Choctaw Indians in 7 counties by the Mississippi State Department of Health through contract with PHS. Emphasis on public health nursing.

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HEALTH STATUS: Disproportionate number of deaths under one year of age. Accidents the leading cause of death 1955-1957. The notifiable diseases most frequently reported 1958-1959 were gastritis and related digestive disorders and pneumonia. Diseases of respiratory system accounted for almost one-third of hospital discharges, fiscal years 1958-1959.

OTHER: Many problems in environmental sanitation. Water used for domestic purposes often carried from local ditch or uncovered well. Considered a dejected and apathetic group of Indians. Their social isolation, low income, and limited opportunities for economic or social advancement have been barriers to acceptance and adoption of non-Indian cultural patterns.

CHEROKEE (Qualla) RESERVATION, NORTH CAROLINA

THE RESERVATION

LOCATION: Small portion of Cherokee Tribe, refusing to migrate to Indian Territory, fled to mountainous hiding places. Descendants now live in western tip of North Carolina. Major tract, known as Qualla tract, is in Jackson and Swain Counties. Additional scattered tracts in Cherokee, Graham, and Haywood Counties. Near Great Smoky Mountain National Park.

Principal centers - Cherokee, center of Federal Indian activities, largest reservation center, on the Qualla tract. Snowbird, nearly 60 miles west, and Big Cove are the two settlements where highest percentage of fully Indians may be found. Three small, isolated communities -- Birdtown, Oconaluftee, and Socco.

Larger towns nearby in North Carolina (1950 pop.) - Bryson City (pop. 1,499), 10 miles southwest of reservation; Asheville (pop. 53,000), 50 miles. Robbinsville (pop. 515), Murphy (pop. 2,433), trade centers for Indians in Cherokee and Graham Counties.

BIA Field Office - Cherokee Agency, Cherokee, North Carolina

LAND: About 56,000 acres. Mostly prime timbered and wooded lands. Some 8,000 acres held in common as Qualla Reserve. Remainder held by individuals through tribal assignments; small homestead tracts along mountain streams with gardens, timbered grazing land.

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TRIBE: Cherokee (Eastern Band)

POPULATION: 3,500 potentially eligible for PHS services in 1958
4,266 enrolled tribal members in 1950

THE PEOPLE

CHARACTERISTICS: Blood quantum - About one of six is fully Indian.

Homes - Log or box frame house made from rough lumber.

Education - Almost all persons aged 6 and older speak English. Five reservation BIA day schools. Some children attend public school.

Livelihood - Average family income like that of non-Indian neighbors. Reservation in some of poorest counties of State.

Source - Farming, timbering, wage labor, crafts, tourism.

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HEALTH RESOURCES

HOSPITALS: Public Health Service Indian Hospital at Cherokee, with dentist and dental assistant on duty. In fiscal year 1959 -

25 beds available (average for the year);

610 admissions and 116 births in hospital;

14 average daily inpatient load;

19,732 outpatient services.

Indian students at 5 BIA day schools receive outpatient care through the hospital outpatient department.

CHEROKEE (Qualla) RESERVATION, NORTH CAROLINA (cont'd)

Hospital care at Federal expense may be authorized at community hospitals, mainly the 30-bed Swain County Hospital, Bryson City. Indian patients with tuberculosis may be referred to 465-bed Western North Carolina Sanatorium, Black Mountain.

OTHER FACILITIES and SERVICES: Part-time medical care, Robbinsville area, by local private physicians through contract with PHS. Public health nursing services at the various Indian communities on reservation by public health nurse from PHS Indian Hospital, Cherokee.

Dental care by local private dentist at Andrews, by arrangement with PHS.

Sanitarian aide (PHS) works with the Indian communities and coordinates activities with tribal leaders on improvement of home water supplies, waste disposal, refuse and insect control measures, and health education.

Consultation from Area Office personnel in each of the professional activities, including medical social service, public health nursing, sanitary engineering, oral health and pharmacy.

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HEALTH STATUS: Respiratory diseases (chiefly influenza and pneumonia) and disorders of the digestive system were among the leading causes of hospitalization, 1958-1959. Pneumonia the notifiable disease most frequently reported.

OTHER: Very few homes away from the village of Cherokee would meet minimum standards. Few have toilet facilities; surface type privies usually located at edge of yard. Water obtained from spring or well, often several hundred feet from the house. Some families pool funds and labor to develop a satisfactory spring, construct storage tank, and pipe water into homes. However, low income families are unable to finance the materials and pipe required to do so.

Employment opportunities limited; transportation facilities from outlying sections lacking.

SPECIAL
PROBLEMS

CATAWBA RESERVATION, SOUTH CAROLINA

LOCATION AND LAND: Prior to 1945, Catawba holdings in South Carolina had dwindled to 680 acres (square mile now referred to as "Old Reservation"); comprised some of the poorest agricultural land in State. By deed of October 5, 1945, the State of South Carolina turned over to the United States in trust for Catawba Indians about 3,400 acres, thus creating "New Reservation." Individual Catawba were assigned a little less than one-third of this acreage for homesites and farms (between 1,100 and 1,200 acres). Remainder used by tribe as a whole for timber production, grazing.

In York County, South Carolina, just south of Lake Catawba. Extends northward to State boundary line below Charlotte, North Carolina. Catawba River forms eastern boundary of reservation. Principal centers - No Indian settlements as such. Families live in outskirts of small communities of Fewell, Friedheim, Spencer, and Springstein as well as on the "Old Reservation."

Larger towns nearby (1950 pop.) - Rock Hill, South Carolina (pop. 24,502) -- with concentration of Indian families -- and Leslie, a smaller town 5 miles away, are due west of the "Old Reservation." Charlotte, North Carolina (pop. 134,042) the closest metropolitan center.

BIA Field Office - Cherokee Agency, Cherokee, North Carolina

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TRIBE: Catawba

POPULATION: 400 potentially eligible for PHS services in 1958 (including 100 working as shorecroppers in North Carolina)
539 enrolled tribal members in 1954

CHARACTERISTICS: Blood quantum - Predominantly of mixed white and Indian parentage.

Homes - Typical dwelling a small frame house.

Education - All adults speak English; majority are able to r

THE
RESERVATION

THE
PEOPLE

CATAWBA RESERVATION, SOUTH CAROLINA (cont'd)

HEALTH RESOURCES

HOSPITALS: Hospital care at the 183-bed York County Memorial Hospital, Rock Hill (without cost to the Federal Government).

OTHER FACILITIES and SERVICES: Part-time medical care by local private physician, thought contract with PHS.

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HEALTH STATUS: Accidents were the leading cause of death among Indians in South Carolina, 1955-1957. Reportable diseases, listed in order of greatest incidence as currently reported by the contract physician: influenza, gastritis, diarrhea, whooping cough, pneumonia, tuberculosis.

SPECIAL PROBLEMS

OTHER: Only a few miles of black top all-weather roads and 12 - 15 miles of dirt roads on the "Old" and "New" reservations. Tribal Executive Committee has requested County and State officials to improve several miles of Catawba roads to facilitate commuting to work.

This tribal group is being considered for termination. However, it is unlikely that health services will be discontinued prior to the end of 1962.

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